

**Central Florida Community College
Office of Student Life
Charter Request Form
(This form must be typed.)**

Name of club/organization: _____

Purpose of club/organization: _____

How does club/organization plan to realize its purpose:
(meetings/activities/events/projects/service/etc., please be specific): _____

Semester club/organization will become "active": Fall Spring

Advisor Name: _____

- E-mail Address: _____@cf.edu (First 7 letters of the advisors last name and the first initial of their first name)
- E-mail is the primary method of contact between the Office of Student Life and advisors. Forms, reminders, and updates will all be sent via email.

Phone: _____

Advisor Signature

Date

Date Received in Student Life Office: _____

The above club has satisfactorily completed charter requirements, and I recommend the issuance of a charter.

Coordinator of Student Life

Date

A charter for this organization is approved.

Vice President for Student Affairs

Date