Student Organization Provisional Charter Application

The Provisional Charter Application will be reviewed by the local Student Roundtable and the Office of Student Affairs in the months of April and November only. After submitting this application, you may not engage in any recruitment, promotion or marketing until you have received a written response from the Office of Student Affairs granting your provisional charter. You should take time to review the Student Organizations Manual for understanding of Seminary policies and procedures as well as the rights and responsibilities of student organizations.

**General Information**

Proposed Name of Organization: ____________________________________________________

President/Student Leader: ___________________________ Phone: _______________________

Faculty/Administrator Advisor: ___________________________________________________

How are officers elected/identified: _______________________________________________

**Membership Information**

Total anticipated membership: ____________ Number of Founding Members: ____________

How members are to be recruited: __________________________________________________

Is membership open or closed: ____________________________________________________

Criteria for membership: _______________________________________________________

Will members pay dues: YES NO If so, how much annually: _______________________

**Associations**

Does the proposed organization belong to a local, state, or national organization: YES NO

Name of Associated Organization: _________________________________________________

Address: ______________________________________________________________________

Representative: __________________________________________________________ Phone: ______________________
Meeting Information

Center(s): ____________________________________________________________

Day: ___________________________ Time: ___________________________ Location: ___________________________

Frequency of meetings: ____________________________________________________________

Organizational Mission: Please ensure that your organizational mission statement is compatible with the mission and ethos of Ashland Theological Seminary. Print the potential mission statement below:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Programming options: Describe some of the potential programming & event ideas that may be connected with this student organization:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Questions or additional information you may have for those reviewing this application?

For Office Use Only:

Date Application Received: ________________

Date Application Reviewed: ________________

Recommendation: ______________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Date Recommendation Communicated to Applicant: ________________