Off-Campus Affiliation for a Texas State Student Organization

Proposed Name of Organization: ____________________________________________

Primary Purpose of the Organization: _________________________________________
________________________________________________________________________
________________________________________________________________________

Membership Requirements: ________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of Off-Campus Affiliation: ____________________________________________

Contact Person: _____________________________________  Phone # _____________
Mailing Address: _________________________________________________________
Email Address: ___________________________________________________________

Student Filing for Affiliation: __________________________  Phone # _____________
Local Address: ___________________________________________________________
Phone # ______________  Email Address: _____________________________________

Faculty/Staff Advisor: _______________________________   Phone # ______________
Campus Address: _________________________________________________________
Email Address: _____________________________________

A student group interested in organizing and applying for affiliated status may be granted a sixty (60) day permit to use campus facilities for the purpose of completing its organization and for recruiting members. This permit does not include the right to sponsor an all-campus event or use the name of the university.

It is understood and agreed that the proposed organization will adhere to conditions for affiliated student organizations listed in the Student Organization Handbook and understands its obligations to Texas State University.

Signatures:

__________________________________ ______________  Date
Off-Campus Affiliation Contact Person

__________________________________ ______________  Date
Student Applicant

__________________________________ ______________  Date
Faculty/Staff Advisor