# University of Dubuque ~ Office of Student Activities
# New Student Organization Petition for Recognition

We, the undersigned, petition the University of Dubuque for recognition as a student organization.

**Date Submitted**: _____

**Contact Information**

Contact Name: _____ Contact's Phone Number: _____

**Organization Information**

Proposed Name: _____

Proposed Purpose of Organization: _____

_____

Membership Qualifications (if any): _____

_____

Name(s) of advisor(s) (must be a UD faculty or staff member): _____

Signatures of interested students (must have at least 10):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Signature(s) of Advisor(s):

_____ _____

**Approval**

_____ _____
Director of Student Activities Signature Date Approved

_____ _____
President of Student Government Association Date Approved

_____ _____
Dean of Student Life Date Approved

Fill out this form in its entirety and submit to Office of Student Activities, Peters Commons.
Contact the Office of Student Activities at (563) 589-3583 or osa@dbq.edu with any questions.

OFFICE OF STUDENT ACTIVITIES USE ONLY
Date Received: _____ OSA Initials: _____