

Organizational Exception Form

Organization Name: _____

Organization Email: _____

Phone No: _____

President Name: _____

Phone No: _____

Advisor Name: _____

Phone No: _____

We are asking for an exception for:

Membership less than 5 members

Late registration after September 30th deadline

No Advisor or University Contact

Extension

Constitution related

Organization status

Other – Must be identified _____

Amount of time requesting: _____

State in a logical manner the rationale for your request. Provide all pertinent information. Attach additional pages only if more space is required.

Organization President

Date

Organization Advisor

Date

Center for Student Leadership

Date

Approved

Disapproved

SGA Director of Records

Date

Approved

Disapproved

SGA Treasurer

Date

Approved

Disapproved

SGA Vice President

Date

Approved

Disapproved

Senate Approval

Date

Approved

Disapproved

For Student Government Association and Center for Student Leadership Use Only:

Date Received: _____