



# Application for Student Organization Charter

One of the responsibilities of the Department of Student Activities is to assist and develop student organizations. The staff in the Department are often called upon to make referrals to student organizations as well as to represent organizations' needs and concerns to the Baylor administration. In order to effectively serve your organization, we need to know as much about your group as possible. Please help us by completing all applicable items on this form.

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**Name of Organization:** \_\_\_\_\_

**Specific Purpose:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Activities will include:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Frequency of Travel** necessary for organizational activity:

☐ High                      ☐ Moderate                      ☐ Low

**Categorization:** *(Select all that apply and rank in order of significance)*

☐ Academic              ☐ Greek Life              ☐ Multicultural              ☐ Religious  
☐ Representative              ☐ Service              ☐ Special Interest              ☐ Spirit/Sport

**Contact Person #1** *(please print clearly):*

Name \_\_\_\_\_ Email: \_\_\_\_\_  
Phone \_\_\_\_\_ Address: \_\_\_\_\_  
Classification \_\_\_\_\_

**Contact Person #2** *(please print clearly):*

Name \_\_\_\_\_ Email: \_\_\_\_\_  
Phone \_\_\_\_\_ Address: \_\_\_\_\_  
Classification \_\_\_\_\_

**Officers:**

Title	Name	ID Number	Bear ID	Telephone

**Officer Elections will be held:**

- ☐ Annually ( Month: \_\_\_\_\_ )  
☐ Each Semester (Months: \_\_\_\_\_ and \_\_\_\_\_ )  
☐ Other: \_\_\_\_\_

**Advisors:**

Name	Department	Campus PO Box	Telephone	Email Address

**Membership Selection by:***Check all that are applicable:*

- ☐ Application                      ☐ Audition                      ☐ Invitation  
☐ Nomination                      ☐ Recommendation                      ☐ Rush  
☐ Interview                      ☐ Other \_\_\_\_\_

**Frequency of Membership Selection:**

- ☐ Annually (Month: \_\_\_\_\_ )  
☐ Each Semester (Months: \_\_\_\_\_ and \_\_\_\_\_ )  
☐ Open/Continuous

**Requirements for Membership:**

All students who are members of student organizations are required to maintain a minimum 2.25 cumulative grade point average. Undergraduate student members must be currently enrolled in at least 12 semester hours. Other requirements:

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**Dues:** \$ \_\_\_\_\_ per \_\_\_\_\_ Pledge dues \_\_\_\_\_

Will your organization employ a Pledge Process? ☐ Yes ☐ No

If yes, what will be the duration of the Pledge Period\*? \_\_\_\_\_

*\*Please note that University policy dictates that student organization pledge periods may not exceed five (5) weeks in duration.*

(NOTE: A complete pledging program must be approved by Student Activities prior to the implementation of that pledge period.)

Philanthropy (if applicable):

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Regular Meetings (Check one):

☐ Daily ☐ Semesterly  
☐ Weekly ☐ Annually  
☐ Monthly ☐ Other \_\_\_\_\_

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Please compose answers to the following questions in essay form:

*Benefit to the University & Students:*

- 1) How will the chartering of this organization contribute to the mission of Baylor University and how will the campus community benefit from its existence? How will members as individuals benefit from their involvement?

*Goals & Outcomes:*

- 2) What are the goals of this organization? What specific accomplishments or outcomes does the organization hope to achieve? How will you measure your success?

*Vision & Longevity:*

- 3) If chartered, how will you ensure that this organization will exist and thrive long after your graduation?
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The student organization described hereby applies for charter as an officially recognized student organization of Baylor University. The officers and advisors certify that they have read the Policies and Procedures for Student Organizations available at [www.baylor.edu/student\\_activities](http://www.baylor.edu/student_activities) and agree to conduct the business and activities of this organization in accordance with the regulations pertaining to student organizations set forth in these documents.

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Print President's name

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Print Advisor's Name

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President's Signature

Date

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Advisor's Signature

Date

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For Official Use Only

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Approval Recommended \_\_\_\_\_  
Associate Director of Student Activities Date

Approval Recommended \_\_\_\_\_  
Director of Student Activities Date

Approval Recommended \_\_\_\_\_  
Dean for Student Development Date

Approval \_\_\_\_\_  
Vice President for Student Life Date