

INCOMPLETE FORMS WILL NOT BE PROCESSED

CHAPTER/CLUB \_\_\_\_\_ GRAD YEAR \_\_\_\_\_ TODAYS DATE \_\_\_\_\_

Chapter  Club

CONTACT (PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE # \_\_\_\_\_

Description/Purpose

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Goals

Event Ideas

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*OFFICE USE ONLY*  
SCSU DATE STAMP AND STAFF INITIALS

*OFFICE USE ONLY*

APPROVED  NOT APPROVED

\_\_\_\_\_  
SCSU PRESIDENT

\_\_\_\_\_  
DATE

NOTES

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