# STUDENT ORGANIZATION RENEWAL APPLICATION

**Date**

**I. Name of Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personnel**

**II. Advisor(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MGCCC Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position at MGCCC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. Organization President’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MGCCC Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IV. Current Club Account Balance**

**V. Goals of Organization for the Coming Year:**

**VI. Changes to Organization Structure:**

**VII. Changes to Social Media sites:**

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**Advisor Signature Date**

**Supervisor of Student Organizations Signature Date**

**Approved:**

**Yes No**