

Appendix B: Student Organization Renewal Application
NorthWest Arkansas Community College
Please complete and return to the Office of Student Life (SC 225H).

Date: _____

Name of Student Organization: _____

Please list officers for the current school year:

	Name	E-mail address
President:	_____	_____
Vice President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____
Other:	_____	_____

Have there been any changes in the purpose, proposed activities, membership requirements, or advisor since completing the formation application? _____ If yes, please explain: _____

What are your regular meeting times for this school year? _____

Please list current members (or submit a member list separately). Student organizations must have at least **five** current NWACC students as members (may attach additional sheet if necessary).

_____	_____
_____	_____
_____	_____
_____	_____

NWACC Faculty/Staff Advisor(s):

Name: _____

Department: _____

Office Address: _____ E-mail: _____ Phone: _____

Advisor Signature: _____