



**COLLEGE of  
CENTRAL  
FLORIDA**  
*-an equal opportunity college-*

**OFFICE OF STUDENT LIFE  
CITRUS CAMPUS  
CLUB/ORGANIZATION CHARTER  
REQUEST FORM**

**This form must be typed.**

Name of club/organization: \_\_\_\_\_

Purpose of club/organization: \_\_\_\_\_

How does club/organization plan to realize its purpose?  
(meetings/activities/events/projects/service/etc.) Please be specific: \_\_\_\_\_

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Semester club/organization will become active:      Fall      Spring

Advisor Name: \_\_\_\_\_

Email Address: (first seven letters of the advisor's last name and the first initial of first name) \_\_\_\_\_ @cf.edu

Email is the primary method of contact between the Office of Student Life and advisors. Forms, reminders, and updates will all be sent via email .

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date: MMDDYY

Date received in Office of Student Life: \_\_\_\_\_  
Date: MMDDYY

The above club has satisfactorily completed charter requirements, and I recommend the issuance of a charter.

\_\_\_\_\_  
Student Activities and Special Events Specialist Signature

\_\_\_\_\_  
Date: MMDDYY

A charter for this organization is approved.

\_\_\_\_\_  
Citrus Campus Director of Student Affairs Signature

\_\_\_\_\_  
Date: MMDDYY