



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

**OFFICE OF STUDENT LIFE  
OCALA 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: \_\_\_\_\_

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

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.

\_\_\_\_\_  
Director of Student Life Signature

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

A charter for this organization is approved.

\_\_\_\_\_  
Vice President for Student Affairs Signature

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