Graduate Student Affairs Committee

Graduate Student Organization Application

Organization Name:_____

Sponsoring Department:_____

Faculty Sponsor: _____ Sponsor's e-mail:_____

Sponsor's Telephone:_____

Sponsor's Campus Address:_____

Statement of History and Purpose for Organization: _____

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Please attach:

- ☐ Organization By-laws
- ☐ Budget proposal for semester
- ☐ Graduate Student Organization Information Sheet
- ☐ Other (Copy of website, flyers, brochures, etc.)

Faculty Sponsor Signature: _____ Date:_____

Please Submit To:

Arlene Lucibello
GSAC Coordinator
SCSU Lyman Center Room 116
501 Crescent St.
New Haven, CT 06515