



Application or Update for Student Club

1. Name of Club: _____
Is this is a technique club? Yes [] No []

Choose one: New Application [] Change in Advisor or Club Leadership (Complete 1 and 3 only) []

2. Statement of Purpose: Please state your club's purpose, goals, and/or mission statement as it relates to the UWS Mission and Vision Statement.

UWS Mission: To advance the science and art of integrated health care through excellence in education and patient care.

UWS Vision: Quality of life and wellness are advanced through transformative education and health care.

3. Leadership:
Advisor: _____
Student Leader/President: _____
Contact Number: _____
Other Student Leadership: _____
Contact Number: _____

4. Club Members: Please provide a list of students (a minimum of 8) that are interested in participating in this club. _____

5. Meeting Time and Place: Approved clubs can request meeting space by completing the Room and Event Request Form.

6. Social Media Presence: Is your club planning on starting a Facebook group? Yes [] No []
If yes, communications will reach out to you with the necessary documentation.

I have read and understand the policies and procedures regarding the recognition and operation of a student club as stated in the current Policy 9012 Recognition of Student Groups and agree to operate this student organization within the stated regulations. I understand that all student clubs and organizations must have an approved UWS staff or faculty advisor and that the advisor must be present at all club meetings, club activities, and club-sponsored events.

Student Leader Signature: _____ Date: _____
Advisor Signature: _____ Date: _____
Student Services Signature: _____ Date: _____
UWS President or Designee Signature: _____ Date: _____