

ASMSU-GF COT Recognition Application

*This application must be completed and returned to ASMSU-GF COT by the end of September.

Please type or print legibly.

Student Organization Name

Purpose of the Group (Brief Description)

Student Spokesperson/President

Phone/E-mail

MSU-GF COT Contract Professional Staff or Faculty Name

Phone/E-mail

When was the last time your Student Organization reviewed and approved

Constitution/Bylaws? _____ All

new and returning Student Organizations **MUST** submit a current copy with this application.