



MOTLOW STATE
COMMUNITY COLLEGE

New Student Organization Roster

Name of Organization _____

Offices to be filled:

President (required) _____ Vice President (required) _____

Treasurer (required) _____ Secretary _____

Other (list title): _____

Approved Advisor(s):

Students seeking approval are:

Student Name: _____ Signature: _____

Student Name: _____ Signature: _____

Student Name: _____ Signature: _____

Student Name: _____ Signature: _____

Student Name: _____ Signature: _____

College Action: Approved _____ Disapproved _____ Date _____

Dean of Students: _____

Approved _____ Disapproved _____ Date _____

President: _____