



TEMPORARY RECOGNITION APPLICATION

Name of Proposed Club: _____

Date of Application: _____

SCTCC Student Applying for Temporary Recognition:

Name: _____ **Phone:** _____

Address: _____

SCTCC staff member willing to serve as advisor:

Name: _____ **Phone:** _____

Campus Address: _____

Purpose of Organization:

Return this application to the Director of Student Life and Athletics.

(FOR OFFICE USE ONLY)

Temporary Recognition
Recommended By Director

Date _____

Temporary Recognition
Granted By Student Senate

Date _____

Temporary Recognition
Expires

Date _____