



Cornish Student Leadership Council

Student Interest Group Chartering Application

S.I.G. Name: _____

Organization Purpose / Description: _____

(Will be included on S.I.G. directories and contact lists)

Planned Activities: _____

Regular Meeting Days/Time: _____

Meeting Location: _____

Primary Contact:

Student Name: _____

Student ID#: _____ Email Address: _____

Phone Number _____

By signing below, I agree to have my names and contact information listed on S.I.G. directories / contact lists and to abide by the Student Interest Group policy.

Signature _____

(optional) Faculty/Staff Advisor Name: _____

Dept: _____

Email Address: _____

Phone #: _____

By signing below, I agree to have my names and contact information listed on S.I.G. directories / contact lists and to abide by the Student Interest Group policy.

Signature _____

Membership Roster - List six currently enrolled (3 credits min.) Cornish College of the Arts student members:

Name (please print)	Student ID #	Student Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

*Return this application to the CSLC mailbox in Student Affairs, located in the Main Campus Center, Room 301.
The CSLC will notify the primary student contact listed above regarding the status of this application.*

To be completed by the Cornish Student Leadership Council:

Date received: _____ / Date approved: _____ By: _____

Updated 9/23/09