

Proposed Student Group Information:

Name of the Student Group: _____
 Proposed Event/Meeting Schedule: _____
 Mission Statement or Description: _____

Contact Information:

Student Leader Contact Name: _____ (will be posted online)
 Student Leader Contact Email: _____ (will be posted online)
 Staff/Faculty Representative: _____ (will be posted online)
 Staff/Faculty Representative Email: _____ (will be posted online)

Questions: Please answer and attach to the application form.

- 1) What outreach have you conducted to gauge student interest and involvement? How do you plan to involve students in the future?
- 2) What is the alignment of the proposed student group’s mission to the CIIS seven ideal’s and academic programs?
- 3) What will be the activities of the proposed student group and how do you plan to collaborate with other student groups and organizations on campus?

Student Group Criteria & Student Leader Responsibilities

- Criteria to start a student group
- Student group participation and events are open and free to all CIIS students, staff, and faculty.
 - Proposed student group has conducted research and outreach to insure student interest and involvement.
 - A proposed student group supports the Student Alliance goal of inclusive and student-centered programming and activities.

- Student Leader Responsibilities
- Attend Student Alliance Meetings and/or ensure a student group representation.
 - Act as an interface between Student Alliance and the group by sharing news and ideas from Student Alliance with their group and from their group with Student Alliance.
 - Stay informed about Student Alliance policies and funding procedures.
 - Submit the dates of your group meetings and group events to the website coordinator with at least two week anticipation.
 - Recognition that the student group is an affiliate of Student Alliance and all marketing materials recognize the events/activities are sponsored by Student Alliance.
 - Submit sign-up sheets after each event to Student Alliance Coordinator to document and evaluate participation and programming for future events and budget planning.

Please sign below and leave this form in the SA mailbox in Cubicle 408a on the fourth floor.

Signature: _____ Date: ___ / ___ / _____

SUBMIT ONE WEEK PRIOR TO STUDENT ALLIANCE MONTHLY MEETING