

Request for Temporary Permission to Organize

Use this form if you are seeking to become a registered student interest group with SOPM at UTRGV. When completed, please submit to SOPM Office of Student Affairs. This form will be reviewed by the SOPM Office of Student Affairs and SOPM SGA and upon approval of the form, you will be contacted. You must re-apply every school calendar year for renewal.

Interest Group Name:			
Date of Submission:		Semester Applying for:	

Member Contact Information (must include a minimum of 5 Students)			
Name	ID Number	Phone	Email
1.			
2.			
3.			
4.			
5.			

Advisor Contact Information	
Advisor Name:	
Job Title:	
Department:	
Office Location	
Office Phone Number:	
UTRGV Email:	

Certification		
<p>By signing below your organization agrees to abide by all University and Dean of Students policies in the Handbook of Operating Procedures (H.O.P) and the Student Organization Handbook.</p>		
Student name:	Signature	Date:
Advisor name:	Signature:	Date:

For Office Use Only	
Check one: _____	Approve _____ Deny _____
If not approved, reason:	
Authorized Office Staff:	Date

