



**Petition for Re-Activation of a
Mississippi College Student Organization**

Name of Organization: _____

Sponsoring Group (if applicable): _____

Charter Student Member(s): _____

**Please attach an additional list if more space is needed.

Nature or Purpose of the Organization: _____

Membership Standards: _____

Cost of Initiation _____ **Cost of Annual Dues** _____

Probable Maximum Enrollment: _____

Meeting Requirements: _____

Sponsor(s): _____

Contact Person for Chartering Committee: _____

Telephone Number for Contact Person: _____

Signature of Contact Person

Date

Signature of Sponsor

Date

*****Please return this form along with the organization's constitution to the Office of Student Development, Nelson 203B or MC Box 4042, Clinton, MS, 39058.*****