LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW

STUDENT ORGANIZATION NAME: ______________________________________________________

THIS IS: _____ ANNUAL REGISTRATION

        _____ APPLICATION FOR NEW STUDENT GROUP

BRIEF DESCRIPTION OF ORGANIZATION: ____________________________________________

                                                                                      
                                                                                      
                                                                                      
                                                                                      
                                                                                      
ORGANIZATION BOARD (LIST POSITIONS AND BOARD MEMBER NAMES):

1.)
2.)
3.)
4.)
5.)
6.)
7.)
8.)

FACULTY ADVISOR: _________________________________________________________________

ORGANIZATION CONTACT INFORMATION

PRIMARY CONTACT PERSON: ________________________________________________________

EMAIL ADDRESS: ________________________________________________________________

PHONE NUMBER: ________________________________________________________________

IS YOUR STUDENT GROUP AFFILIATED WITH A NATIONAL ENTITY? IF SO, WHICH ENTITY?__

PLEASE NOTE: IF THIS IS AN APPLICATION FOR A NEW STUDENT ORGANIZATION,
PLEASE SUBMIT A CONSTITUTION.

ALL ORGANIZATIONS MUST BECOME FAMILIAR WITH AND ABIDE BY THE POLICIES
CONTAINED IN THE LAW SCHOOL STUDENT HANDBOOK, AVAILABLE AT
HTTP://WWW.LUC.EDU/LAW/ACADEMICS/RULES.HTML.

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SIGNATURE OF PRESIDENT       DATE