**University of Utah College of Pharmacy**

**New Student Organization Approval Form**

In order to propose a new student organization, first complete the following form and submit to the Co-curriculum Committee Chair for review by the Co-curriculum Committee. After approval from the Co-curriculum committee, the organization will need to complete the Utah Student Pharmacist Alliance (USPA) approval process.

1. Please list the complete name of the proposed organization.
2. Please provide some background on the proposed organization. What is the scope and vision for this organization?
3. Justify the current need for this student organization. How is this organization different from other clubs and associations currently available to students?
4. Please describe the student events this organization plans to offer and indicate which events would require preceptors.
5. How do you plan to elicit and sustain support for this organization?
6. Does this proposed student organization have an affiliated national organization? If so, please describe.
7. Who is the proposed faculty advisor for this organization (please collect signature below)?
8. Please provide 15 names, signatures, and uIDs of *current* University of Utah College of Pharmacy students who would be interested in joining this organization if it were approved.

Name Signature uID

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Sponsor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Faculty Advisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Organizations Chair Signature Date