

Email:

Academic Year: Fall _____ - Spring _____

- B. Please identify the COB department head or graduate program director whom you feel is best qualified to verify that your organization's mission/purpose is aligned with a major/program listed above.

5. **Succession and Sustainability Plan** – Please attach a description of your organization's process for electing/selecting future leaders as well as recruiting and retaining members.
6. **Affiliation with a regional, state, or national professional organization**

Is your student organization affiliated with a regional, state, or national organization?

No ____

Yes ____

If Yes, please list the name of the parent organization: