## Application for McCombs Campus Center Student Organization Office/Cabinet for 2018-19

Applying for (circle one)	Office	Ca	binet	
Name of Organization:				
Number of active members:				
Number of students represented	(if governing gr	oup):		
President/Chair:				
E-mail:				
Advisor:				
Department:				Did
you have an office in 2017-18?	(circle one)	Yes	No	
If yes, how many hours per week	k (average) did	you use your o	ffice?	Did
you have a cabinet in 2017-18?	(circle one)	Yes	No	
Please provide a brief justification cabinet. (Please note that space and officially registered student	is available for	_		
Contact's Name:	Signat	ure:	Date:	
Advisor's Name:	Signature:		Date:	<u> </u>