

**Graduate & Professional Student Government Association (GPSGA) Sponsorship Form**

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_____ Name of Organization		_____ Date
_____ President's Name	_____ Phone	_____ Email
_____ Vice President's Name	_____ Phone	_____ Email
_____ Advisor's Name	_____ Phone	_____ Email

Purpose of Organization \_\_\_\_\_  
\_\_\_\_\_

In order to become a recognized student organization under **GPSGA**, the following steps need to be followed:

1. The group seeking recognized status must contact GPSGA. Both groups need to determine if their goals and purposes are compatible enough to warrant the sponsorship.
2. GPSGA, by means of a process developed within its own structure, will determine if it wishes to sponsor the requesting group.
3. If GPSGA is willing to undertake the sponsorship of the requesting organization, an "Intent to Sponsor" form will be submitted to the Committee on Student Organizations. If the group is unwilling to undertake the sponsorship of the requesting organization, the requesting group's officers should be notified immediately.
4. The Committee on Student Organizations will consider the "Intent to Sponsor" form in the process of determining the requesting group's status.

**Responsibilities of Sponsoring Groups:**

1. The sponsoring group should ascertain if its purposes and the requesting organization's purposes are compatible.
2. The sponsoring group should affirm the affiliation with the requesting organization by filing an "Intent to Sponsor" form.
3. The sponsoring group is not required to provide a faculty advisor to the group, however, it may desire to do so.
4. The sponsoring group will assist their constituent groups with the development of budget requests and funding for the organization.

**INTENT TO SPONSOR**

Date: \_\_\_\_\_ By the submission of this form, **GPSGA** indicates its willingness to serve as the

sponsoring organization for

\_\_\_\_\_  
(name of group being sponsored)

Authorizing official: \_\_\_\_\_  
GPSGA Officer/Advisor (Print Name)

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Title of Authorizing Official