

**THE UNIVERSITY OF FINDLAY  
INTEREST GROUP REGISTRATION**

Name of Applicant \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Interest Group \_\_\_\_\_

Name of Faculty Advisor \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Interest Group:

Current Group Membership: \* Students completing this interest form must be a full-time undergraduate student (12 or more hours) or full-time graduate student (9 or more hours).  
\*Each student must complete his or her own line of information.

	Name	ID#	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

USE BACK OF FORM FOR ADDITIONAL SPACE

I have read the guidelines for The University recognition and understand that this interest group has 60 days from the date of approval to complete the process for recognition.

Interest Group Representative Signature: \_\_\_\_\_

Faculty Advisor signature \_\_\_\_\_

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Approval \_\_\_\_\_ Date \_\_\_\_\_  
**The Director of Student Activities & Commuter Student Services**