

Exhibit 2 – APPLICATION TO REACTIVATE DORMANT ORGANIZATION

APPLICATION TO REACTIVATE A NEW CAMPUS ORGANIZATION

Date _____

Organization _____

What will be the number of active members? _____

Organization Representative: _____

E-mail: _____

Phone # : _____

Signature: _____

Approved by:

Assistant Dean of Student Administration _____

Please include:

1. Electronic copy or Two (2) printed copies of your Constitution.
2. An Application for Active Status of Student Organizations.
3. A List of Members' Name and Email addresses.