

Academic Year: _____

Associated Students of the University of Hawaii
Windward Community College

Request for Continued Recognition as a Registered Independent Student Organization

As a previously registered independent student organization at Windward Community College, we request continued registration and recognition.

Name of Club or Organization _____

List of Officers for the 20 _____ - 20 _____ academic year:

**Please include representative to the Interclub Council*

Name	Position e.g. President, V.P.)	UH Email Only (@hawaii.edu)	UH Affiliation	*UH Number
------	-----------------------------------	--------------------------------	-------------------	------------

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

*Attach additional pages as needed

Faculty/Staff Advisor(s)? _____

If there are any changes in the purposes and objectives of your group, membership criteria, or affiliation with any local, state, or national group, please revise your original request for recognition.

Date of Request: _____ Name of Requestor: _____

Signature: _____

Mailing Address: _____

City, Zip Code: _____

For Office Use Only

Reviewed By: _____
ASUH-WCC Representative

_____ Date

Approved/Disapproved: _____
Vice Chancellor of Student Affairs

_____ Date