



UNIVERSITY of WESTERN STATES

Integrating Health and Science

Application or Update for Student Club

1. **Name of Club:** _____

Is this is a technique club? Yes No

Choose one: New Application Change in Advisor or Club Leadership (Complete 1 and 3 only)

2. **Statement of Purpose:** Please state your club's purpose, goals, and/or mission statement as it relates to the UWS Mission and Vision Statement.

UWS Mission: The mission of University of Western States is to improve the health of society and advance the science and art of integrated health care through leadership and excellence in health sciences education, service, and the enhancement of knowledge through research and scholarship.

UWS Vision: University of Western States is committed to improving the quality of human life. We will be a leader in education and health care, renowned for our programs, facilities and people. We will achieve excellence through transformative practices in teaching and learning, scholarship, wellness promotion, and by fostering professional and community relationships.

3. **Leadership:**

Advisor: _____

Student Leader/President: _____

Contact Number: _____

Other Student Leadership: _____

Contact Number: _____

4. **Club Members:** Please provide a list of students (a minimum of eight) that are interested in participating in this club. _____

5. **Meeting Time & Place:** Approved clubs can request meeting space by completing the [Room and Event Request Form](#).

I have read and understand the policies and procedures regarding the recognition and operation of a student club as stated in the current [Policy 9012 Recognition of Student Groups](#) and agree to operate this student organization within the stated regulations. I understand that all student clubs and organizations must have an approved UWS staff or faculty advisor and that the advisor must be present at all club meetings, club activities and club-sponsored events.

Student Leader Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Student Services Signature: _____

Date: _____

UWS President or Designee Signature: _____

Date: _____