



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: To advance the science and art of integrated health care through excellence in education and patient care.

UWS Vision: Quality of life and wellness are advanced through transformative education and health care.

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 8) 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: _____