



Rosalind Franklin University of Medicine and Science
 Executive Student Council
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New Student Organization Proposal Checklist

Name of Organization _____

Individual Proposing Student Group:

Name _____ Phone _____

E-mail _____

ESC Use Only

Part A

Date Submitted: ____/____/____

Date of First Meeting: ____/____/____

Outcome: ____ Requirements Met ____ Requirements Not Met

Notes: _____

Part B

Date Submitted: ____/____/____

Date of Second Meeting: ____/____/____

Outcome: ____ Requirements Met ____ Requirements Not Met

Notes: _____

Student Dean Review:

Date of Review: ____/____/____

Outcome: ____ Approved ____ Conditional Approval (please note) ____ Denied

Notes: _____

Third Meeting

Date of Third Meeting: ____/____/____

Outcome: ____ Approved by Student Council Vote
 ____ Denied by Student Council Vote

Notes: _____
