

Global Connections Student Club Spaces Agreement

Name of Club: _____

Mission/Goals of the Club:

Executive Contact Information:

Name	E-mail	Telephone Number

Are you ratified with the USSU? YES/NO

Are you ratified with the GSA? YES/NO

Are you applying for access to the Student Associations Office? YES/NO

If yes, please indicate the days and hours you expect to use the Student Associations Office:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30-10:30							
10:30-12:30							
12:30-2:30							
2:30-4:30							
4:30-Close							

I would like to have access to the other spaces located within ISSAC (Global Connections Lounge, Training Room, and Kitchen). YES/NO

Please explain how your club/association will add to the student environment in ISSAC: _____

I have read and understand the guidelines found in the Global Connections Spaces Policy.

Signed: _____

Print Name: _____

Date: _____