

**GENERAL GUIDANCE**

The purpose of the form is for AUM students to voice a concern about AUM student life and to propose a constructive solution to the problem.

**ORGANIZATION'S DETAILS**

Organization Name: \_\_\_\_\_ Acronym (if applicable): \_\_\_\_\_

**DETAILS OF EXECUTIVE BOARD**

*President*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

AUM ID: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PURPOSE OF THE CLUB/ORGANIZATION**

Please briefly describe the purpose of your club/organization.

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**CRITERIA FOR MEMBERSHIP**

Please describe the criteria for membership.

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**AFFILIATIONS**

Please list any affiliations that you have with any international organizations.

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**FACULTY ADVISOR**

Please list your faculty Advisor their signature for approval.

_____	_____	_____
Name	Signature	Date

**STUDENT SIGNATURE**

_____	_____	_____
Name	Signature	Date

**PLEASE RETURN THIS FORM TO**

Student Affairs Office | Room: 206 | Email: [studentaffairs@aum.edu.mt](mailto:studentaffairs@aum.edu.mt)