**Step 1 - Proposal for New Honorary Student Organization**

To form a new honorary student organization at Elon that recognizes student achievement (e.g., induction ceremony, normally lacks the social activities of a regular student organization), complete this form and turn it to Student Involvement in Moseley 207.

Date _______________  Name of proposed honorary student organization:

______________________________________________________________________

Contact information for faculty leader who plans to oversee the honorary student organization

Name ___________________________  Email _____________________________

Phone ___________________________  Campus Box ______________________

Name and email of student helping to form the organization (if applicable):

______________________________________________________________________

**Questions**

1. What is the purpose of the proposed organization?

2. Is the proposed organization part of a recognized honorary organization, e.g., Collegiate Association of Honor Societies? If so, a copy of their bylaws must be submitted with this application. (We want to make sure their mission, values and policies are compatible with the mission, values, and policies of Elon University.)

3. How is the group unique and different from existing organizations?

4. Please describe the types of events, programs, or activities this honorary plans to host to fulfill its mission. Also, what will the funding needs be for the proposed group?

5. What needs will this group meet that are not currently being met through existing student organizations and campus programs?

6. Please describe the criteria for membership.

**Additional notes:** Unlike other student organizations, honorary student organizations get their funding through Dr. Maurice Levesque and do not attend budget hearings or special allocation meetings with SGA. If your organization is approved, the student representative or faculty leader will need to meet with Dr. Levesque to determine exactly how funding will work for your group.

**For Office Use Only:**

Date Received: ______________

Advisor Form Received: ________  Cluster Recommendation Received: ________

Please return this form to Student Involvement
Moseley 207, CB 2973
Studentinvolvement@elon.edu