



Center for Student Engagement  
Student Union Building, Room 211  
845-257-3025

# POTENTIAL PROVISIONAL INTEREST GROUP ROSTER

*\*Provisional Interest Group status may be granted from the Center for Student Engagement, upon successful completion of all requirements through Step 3 of the Expansion Policy.*

**Please fill out this roster and return to the Center for Student Engagement.**

**Organization:** \_\_\_\_\_

Statement of Purpose of Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List a student that will be the main point of contact for the group and organization:

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

An Advisor Agreement Form must be submitted in addition to this roster.

Staff/Faculty Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate a Regional/National Advisor or contact person for your group:

Regional/National Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note that all members of Interest Groups must meet the following requirements:**

1. Be full-time, matriculated, undergraduate students at SUNY New Paltz.
2. Have a cumulative GPA of 2.5 or higher and be in good Academic Standing.
3. Have completed at least 12 credits at SUNY New Paltz (this does not include AP credits or college credit received during high school). Therefore, first-semester first-year students are ineligible.
4. First-semester transfer students are eligible with a cumulative GPA of 2.7 or higher from his/her previous institution. A transcript from the previous university listing the student's GPA must be attached to this roster to prove eligibility.

Please list each member of the group who currently attends SUNY New Paltz. List their full names, local school address, phone number, and expected graduation. Please use full names - not nicknames. Each student must provide their signature as well – this verifies that the information is correct, and also gives the Center for Student Engagement permission to access cumulative and semester GPAs, and report them to National/Regional Offices as necessary.

**POTENTIAL PROVISIONAL INTERST GROUP MEMBERS** (Print and attach additional pages if necessary)

Full Name:	Student ID: N	DOB: (MM/DD/YY)
<u>Local</u> Address (i.e. Res Hall & Room, or Street & Apt.):	Cell Phone Number:	Graduation (Semester, Year):
<u>New Paltz</u> Email Address: _____ @newpaltz.edu		
1 <sup>st</sup> Semester Transfer Student? Y / N <i>If yes, attach a transcript to this Roster (read above).</i>	Signature* & Date	

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