

STUDENT GROUP INTEREST FORM

Office of Student Engagement & Inclusion
Genesee Community College

Please indicate the type of group to be formed:

New Student Group

Reinstating an Inactive Group

Name of Proposed Student Group: _____

Purpose of Proposed Student Group: _____

Point of Contact: _____

800#: _____

GCC E-mail: _____

Phone: _____

Primary Advisor: _____

Phone Extension #: _____

E-mail: _____

Secondary Advisor: _____
(if applicable)

Phone Extension #: _____

E-mail: _____

Please identify *at least* five (5) students interested in joining and facilitating this student group:

First and Last Name:

800#:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

E-mail completed form to SA@genesee.edu