

**SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY**  
**STUDENT LIFE**  
**Application Form (Student Activity Groups)**



**PROFILE**

Official Name:	Acronym/Nickname:
Activity Group Purpose:	
Mission Statement:	
Activity Group Description Summary:	
Activity Group Description:	

**\*Attach Student Activity Group constitution to the application for review.**

**GROUP CONTACT AND SOCIAL MEDIA INFORMATION**

E-mail Address:	External Website:	
Twitter Username:	Facebook Page URL:	Instagram Username:

**APPLICATION CONTACT INFORMATION (PRIVATE)**

Name:	E-mail Address:	Work #:	Phone #:
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**OFFICERS/POSITION**

President:	E-mail Address:	Phone #:	Signature:
Vice-President:::	E-mail Address:	Phone #:	Signature:
Secretary:	E-mail Address:	Phone #:	Signature:
Treasurer:	E-mail Address:	Phone #:	Signature:
Faculty/Staff Advisor	E-mail Address:	Phone #:	Signature:

**MISCELLANEOUS**

Is there interest Among SEBTS student body? YES  NO  If yes, then explain:

Will the activity group benefit SEBTS? YES  NO  If yes, then explain:

Do you have events planned? YES  NO  If yes, please list them by name and/or type:

**SIGNATURES**

Applicants Signature:	Date:
Student Activity Group Advisor Signature:	Date:

**Administrative Use Only**

Approved  Denied  Approval is based on meeting the criteria listed in the instructions. Please allow 15 business days for approval.

Approval Signature \_\_\_\_\_