

Dartmouth Medical School Student Government

Student Interest Group Petition for Recognition

Name of Interest Group _____

Student Leader(s)

Faculty Advisor

Statement of Purpose

Names and signatures of five (5) students interested in the proposed renewal:

Please list planned events for the year:

Approved for recognition

Not approved for recognition

Signature of DMS Student Government President

Date

Please complete this form, save it, and submit it by e-mail to dmssg@dartmouth.edu