

# Dartmouth Medical School Student Government

## *Student Interest Group Renewal Form*

*Name of Interest Group* \_\_\_\_\_

*Student Leader(s)*

\_\_\_\_\_

\_\_\_\_\_

*Faculty Advisor*

\_\_\_\_\_

*Statement of Purpose*

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

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\_\_\_\_\_

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*Please list planned events for the year:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Approved for renewal*

*Not approved for renewal*

\_\_\_\_\_  
*Signature of DMS Student Government President*

\_\_\_\_\_  
*Date*

*Please complete this form, save it, and submit it by e-mail to [dmssg@dartmouth.edu](mailto:dmssg@dartmouth.edu)*