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# UNIVERSITY OF SOUTHERN INDIANA STUDENT LEADERSHIP AWARDS AND RECOGNITION

## Student Organization Campus Collaboration Award

**DEADLINE: All materials, including recommendations, must be submitted to the Office of Student Development Programs, by 4:30pm on Friday, February 25, 2011.**

Program \_\_\_\_\_ Date \_\_\_\_\_

Organization Name: \_\_\_\_\_

President's Name: \_\_\_\_\_

President's Phone: \_\_\_\_\_

As President of my student organization, I verify my organization collaborated with the other organizations listed on this form for the above stated program.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

Organization Name: \_\_\_\_\_

President's Name: \_\_\_\_\_

President's Phone: \_\_\_\_\_

As President of my student organization, I verify my organization collaborated with the other organizations listed on this form for the above stated program.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

Organization Name: \_\_\_\_\_

President's Name: \_\_\_\_\_

President's Phone: \_\_\_\_\_

As President of my student organization, I verify my organization collaborated with the other organizations listed on this form for the above stated program.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

Organization Name: \_\_\_\_\_

President's Name: \_\_\_\_\_

President's Phone: \_\_\_\_\_

As President of my student organization, I verify my organization collaborated with the other organizations listed on this form for the above stated program.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Date

***Each organization involved in the above stated program must be listed on this form. In addition, each organizational president must sign the verification statement.***