



RECLASSIFICATION REQUEST

To request Reclassification, complete the following form and submit it to the SGA Treasurer's mailbox in the SGA office or to the SGA mailbox in the Student Activities Office. If you need assistance, please contact your class Assistant Treasurer.

Organization Name: _____ Date: _____

Current SGA Classification:	Class I	Class II	Class III
	Special Interest	Club Sport	Campus Wide
	Class IV	Class V	Class VI
	Non-Budgeted	Social Greek	Provisional

Reclassification Request:	Class I	Class II	Class III
	Special Interest	Club Sport	Campus Wide
	Class IV	Class V	Class VI
	Non-Budgeted	Social Greek	Provisional

Purpose of the Request:

Please provide a detailed explanation of the reasons your club wishes to be reclassified. Attach additional pages if necessary.

Contact Person: (Person to be contacted as to the status of the request)

Name: _____ Email: _____ WPI Box: _____

Submitted by: _____ Signature: _____

FOR OFFICE USE ONLY

Date and Time Received: _____ Received by: _____

Committee on Appropriations Meeting

Date: _____ Recommendation: Reclassify / Do Not Reclassify

Senate Meeting

Date: _____ Vote: Motion Passes / Motion Fails

Signature of the Treasurer
Upon Submission to the Senate

Signature of the President
Upon Approval/Denial of the Senate