COLLEGE AND UNIVERSITY CHAPTER
CHARTER PETITION

Submit form to info@blackconnect.org

The undersigned do hereby petition for a student chapter. The signatures of our proposed Chapter President and Faculty Advisor are listed below.

**College/University Name** __________________________________________
Address ____________________________________________________________
City, State, Zip ______________________________________________________

**Chapter President** ________________________________________________
Address ____________________________________________________________
City, State, Zip ______________________________________________________
Telephone Number _____________________________________________________
Email Address _________________________________________________________

**Faculty Advisor** __________________________________________________
Address ____________________________________________________________
City, State, Zip ______________________________________________________
Telephone Number _____________________________________________________
Email Address _________________________________________________________

**Chapter Members** (A total of 10 students are required to charter a chapter. Do not include the chapter president below)

Vice President _______________________________________________________
Email Address _________________________________________________________

Secretary ___________________________________________________________
Email Address _________________________________________________________

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Treasurer ________________________________
Email Address ____________________________

Member ________________________________
Email Address ____________________________

Member ________________________________
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Member ________________________________
Email Address ____________________________

Member ________________________________
Email Address ____________________________

(If you have more than 10 charter members, provide names and email addresses)

College is accredited by: ________________________________
______________________________

Does college offer bachelor degrees and/or advanced degrees? Yes / No

CERTIFICATION

In anticipation of the approval of this petition, our college/university agrees to the following:

1) To support Black Connect’s mission of fostering entrepreneurship and professional development opportunities for students and to provide opportunities for students to grow as scholars and leaders.

blackconnect.org
2) To comply with the provisions of the Constitution and Bylaws of Black Connect, Inc.

3) To abide by the eligibility requirements for membership as set forth in Black Connect, Inc.’s Constitution and Bylaws, and by the chapter’s Bylaws.

4) To promote Black Connect throughout the institution.

5) To have at least one faculty or staff member of the institution serve as a Chapter Advisor. The role of the Chapter Advisor is to provide leadership for the chapter, implement chapter programming, and ensure the chapter’s compliance with the institution’s guidelines, policies, and procedures.

6) To indemnify, save and hold harmless Black Connect, its officers, directors, employees, and members, from and against any and all claims, actions, suits, demands, losses, damages, judgments, settlements, costs and expenses (including reasonable attorneys’ fees and expenses), and liabilities of every kind and character whatsoever (a "Claim"), which may arise by reason of (i) any act or omission by the college or any of its subsidiaries, affiliates, related entities, partners, officers, directors, employees, members, shareholders or agents; or (ii) the inaccuracy or breach of any of the covenants, representations and warranties made by the college in this petition.

The undersigned certify that the college/university meets the above requirements to charter; that the college/university is committed to chartering a chapter of Black Connect; that the students named above are in good academic standing as defined by the college/university; that this petition is in accordance with the general operating policies of the college; and that they have the authority to sign this petition on behalf of the college/university and/or the students named above.

________________________________ ____________________________
College/University Representative Chapter President

________________________________ ____________________________
Print Name Print Name

________________________________
Title

________________________________
Date