

THOMAS JEFFERSON UNIVERSITY

STUDENT GROUP NAME REQUEST FORM

If you have any questions concerning completing this form, please contact:
Assistant to the Counsel for Intellectual Property, Office of University Counsel
Suite 630, Scott Building
1020 Walnut Street
Philadelphia, PA 19107.

ORGANIZATION:

1. What is the relationship of your organization to the University:

Membership in our organization is open to:

- | | |
|--|---|
| <input type="checkbox"/> Entire Jefferson Community (students, faculty, employees) | <input type="checkbox"/> All Jefferson Students |
| <input type="checkbox"/> Jefferson Graduate School of Biomedical Sciences | <input type="checkbox"/> Jefferson Medical College Only |
| <input type="checkbox"/> Jefferson School of Health Professions Only | <input type="checkbox"/> Jefferson School of Nursing Only |
| <input type="checkbox"/> Jefferson School of Pharmacy Only | <input type="checkbox"/> Jefferson School of Population Health Only |

2. Describe the group activity being conducted in connection with your proposed group name.

The mission of our organization is:

3. List 2 variations of the name your group proposes to use (i.e. Jefferson New Year's Association, JNYA).

ORGANIZATION:

VARIATION 1:

4. Please provide the name, daytime phone number, address and e-mail of someone we may contact if we need further information. Any attempt to contact you will be initiated through the Activities Office, but we must have your contact information on file.

NAME:

PHONE NUMBER:

ADDRESS:

E-MAIL: