

Student Organization Origination Form



PLEASE PRINT CLEARLY OR TYPE

Name of Organization

Name all national affiliations: _____

Purpose: _____

Objectives:

1. _____
2. _____
3. _____
4. _____

Faculty / Staff Advisor: _____

Department: _____ Phone: _____

Definition of Membership: _____

The _____ does not:

Name of Organization

- (a) Advocate with incitement or engage in behavior which is contrary to University regulations or local, state, or federal law.
- (b) Limit membership on the basis of race, religion, national origin, handicap, or sex, (unless exempt from Title IX Regulations).
- (c) Relinquish autonomy over the form and content of its own actions, and that a National or larger organization does not dictate form or content of constitution on by-laws of the local chapter.

Roster (must have a minimum of 5 member names)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

NOTE: ORGANIZATIONS MUST ALSO SUBMIT CONSTITUTION AND BY-LAWS.

Student Organization Non-Discrimination Form



PLEASE PRINT CLEARLY OR TYPE

The _____
Name of Organization

does not limit membership on the basis of race, religion, national origin, physical challenge, or sex, (Unless exempt from Title 1X Regulations).

Advisor's Signature

Date

Student Organization Registration Form

(Please Print Clearly or Type)

Student Organization _____

Academic Year 2012 - 2013

Date Submitted _____

Type of Organization (Check type)

Honor Society/Recognition Religious Departmental

Professional Interest

Social (Fraternity/Sorority) Governing Body

Other: _____

Number of Enrolled Student Members _____ Number of Total Members _____

NOTE: The following information is used to compile a student organization directory that is published and also made available through electronic media. We will not publish the student I.D. number.

Advisor: _____
Full Name

Street Address (prefer DEPT. ADDRESS) City State Zip Code

Phone Number E-mail Address

President: _____
Full Name Student I.D.

Street Address City State Zip Code

Phone Number E-mail Address

V-President: _____
Full Name Student I.D.

Street Address City State Zip Code

Phone Number E-mail Address

Secretary: _____
Full Name Student I.D.

Street Address City State Zip Code

Phone Number E-mail Address

Treasurer: _____
Full Name Student I.D.

Street Address City State Zip Code

Phone Number E-mail Address

Other: _____
Full Name Student I.D.

Street Address City State Zip Code

Phone Number E-mail Address

President's Agreement:

In submitting this registration form, the members of _____ agree to comply with all policies, regulations, and procedures established by the Board of Trustees and the University, the Code of Student Rights, Responsibilities and Behavior, and with all federal, state, and local laws.

President's Signature

Date

Meeting Information:

Regular Meeting - _____

Place - _____

Day(s) of the Week - _____

Time - _____

Organization Advisor's Agreement:

As advisor to _____ for the current academic year, I agree to fulfill the following duties: serve in an advisory capacity, attend regularly scheduled meetings, sign required student organization forms and documents, verify that all officers have a cumulative 2.00 grade point average while holding office, and that they meet the requirements for membership as stipulated in the constitution/by-laws, and to attend functions and activities sponsored by the organization when possible and /or when required. If I am unable to perform the duties as stated, I will notify the organization and the Office of Campus Life in writing that I am resigning.

Advisor's Signature

Date