



# *New Student Organization Registration Form*

A copy of the organization's constitution must be submitted with this recognition form.

**Check one:**             Academic Organization             Non-Academic Organization

*Please refer to the Student Organization Handbook for a description of these two types of organizations.*

**Title of Club/Organization:**

**Chapter/Organization Status:**

*Please indicate if your organization is linked with another local chapter or organization or if you are recognized as an individual chapter of a national organization.*

Not currently linked with another chapter or recognized by a national organization.

Linked with another local chapter or organization.

Please identify local chapter/organization: \_\_\_\_\_

Established as individual chapter of a national organization.

Please identify national organization: \_\_\_\_\_

**Purpose/Mission Statement:**

*Please indicate your group's purpose/mission in 25 words or less (attach additional pages, if needed):*

**Membership Requirements:**

*Student member requirements, if applicable (specific major/field of study, GPA requirements, enrollment requirements, etc.)*

**Officer Name & Contact Information:**

**President or Primary Student** contact information (please write clearly):

Name:

Institution/Program:

Permanent Address:

Daytime Phone:

Evening Phone:

Email Address:

**\*Treasurer/Finance Officer** contact information(please write clearly):

Name:

Institution/Program:

Permanent Address:

Daytime Phone:

Evening Phone:

Email Address:

*\*A Treasurer/Finance Officer is mandatory if your organization intends to request funding from .*

**Other Officer** contact information: (Optional)

Position Title:

Name:

Institution/Program:

Permanent Address:

Daytime Phone:

Evening Phone:

Email Address:

**Other Officer** contact information: (Optional)

Position Title:

Name:

Institution/Program:

Permanent Address:

Daytime Phone:

Evening Phone:

Email Address:

Please attach a separate sheet to indicate any additional officers.

**Advisor Name & Contact Information:**

Name:

Title:

Building, Room and Department:

On-site phone:

Email address:

**Signatures and Agreements**

*I certify that the above information is correct. I understand it is my responsibility to refer to my home institution's policies regarding student conduct and human relations/non-discrimination, as well as anti-hazing policies.*

Primary Contact/President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Office Use Only:***

Date registration form received: \_\_\_\_\_ Date constitution received: \_\_\_\_\_

Date Student Organization Policies & Procedures Training completed: \_\_\_\_\_

Notes: \_\_\_\_\_