

Registration Form

(Please Print Clearly or Type)

Student Organization _____

Academic Year _____ 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