

STUDENT ORGANIZATION REGISTRATION

Check one: Officer/Advisor Update Name Change Renewal/Reactivation New Organization

ORGANIZATION INFORMATION:

Official Name of Organization: _____

Do you meet regularly? Yes No If so, when and where? _____

Number of Active Members: _____ Number of campus-wide events sponsored per year: _____

- ☐ Yes, our organization would like to participate in STOMP next fall.
 Contact person: _____ Contact info: _____
- ☐ Please resubmit your club constitution if any changes were made in the last year.

OFFICER DESCRIPTIONS:

Office/Title	Name	CPO (or Office)	Phone

If you have more officers than what fits in this table, please attach a complete list.

- If applicable, please attach:
- 1) a current roster of all members in your organization
 - 2) current constitution, by-laws, and financial statement (with plan to manage finances)
 - 3) a copy of any document outlining your relationship with an external organization
 - 4) description of organization to be used in the Student Organization Directory.
(Complete only if this has changed from what was previously printed in the Directory)
 - 5) risk management document

I hereby certify that the officers are in good standing and are committed to the overall mission of LeTourneau University. I also acknowledge that the advisor for this organization is active in meetings (or practices), budget decisions and events/activities.

 Signature of Chief Student Officer Print Name Phone Date

 Advisor's Signature Print Name Phone Date

****Please return this document and all attachments to Steve Conn.****
steveconn@letu.edu Office: Student Affairs Mailbox: Student Affairs

For office use only:

Date Submitted _____ OSA Approval _____ Copy Returned _____ Senate _____ Dean S.A. _____