

STUDENT ORGANIZATION REGISTRATION FORM

1. Name of Organization _____

1a. National Affiliation (if any) _____

2. Purpose _____

3. Membership Requirements _____

4. Activities Planned _____

5. Primary Contact Name _____

Phone # _____ E-mail Address _____

Website (if applicable) _____

Do you have a Constitution? Yes No

If no, then pick up a Sample Constitution at the Student Life Office

Please complete the opposite side of this form.

Officer Information

	1	2
Title/Office		
Name		
Address		
Address		
Phone		
E-mail		
	3	4
Title/Office		
Name		
Address		
Address		
Phone		
E-mail		
	5	6
Title/Office		
Name		
Address		
Address		
Phone		
E-mail		
	7	8
Sponsor(s)		
Name		
Address		
Address		
Phone		
E-mail		

(For office use only)

Registration form received: _____
Date

Organization approved: _____
Date

Notification Given: _____
Date

Approval Signature: _____
Assistant to the Vice President for Student Life