



Student Organization Registration Form

Submit the completed form to the College Life Office by **FRIDAY, SEPTEMBER 30, 2011**

Name of Organization _____

This is a (please check one that applies) New Student Organization or Existing Student Organization

Advisor Contact Information:

Advisor Name: _____

Email: _____

Department/Division: _____

Signature*: _____

*By signing this form, you acknowledge having approval from the Dean of your Division or Supervisor.

Student Contact Information:

Contact Name: _____

H ID Number: _____

Email Address: _____

Phone Number: _____

***Advisor and Student Contact information will be provided to interested members.**

Scheduled Meeting Time: _____

Location: _____ Fees/Dues: _____

**Executive Board Officers:
Name, Position, Email, and
H ID Numbers**

Other Members:

Name	Email	H ID
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Incomplete forms will not be processed.

For College Life Use:

Date Received: _____ Date Constitution Received: _____

Date Approved: _____