

STUDENT ORGANIZATION REGISTRATION FORM

Springfield College

THIS FORM MUST BE COMPLETED ANNUALLY OR WHEN CHANGES IN LEADERSHIP OCCUR.

The form must be typed and returned to the Office of Student Activities and Campus Union no later September 28, 2018. A copy of the student organization's current constitution and by-laws must be included if changes have been made since the last submission of materials.

Please check all boxes that apply and fill in all appropriate information.

Name of Student Organization: _____ Effective Date: _____

Reason for Registration: New Organization Renewal Officer Change

Organization Type:

- Open – all students, undergraduate and graduate, are permitted to join the organization
- Graduate – only graduate students are permitted to join the organization (this type of organization carries very restrictive funding opportunity from the Student Government Association)
- Limited – students are selected for membership (this type of organization MAY NOT be eligible for funding from the Student Government Association)

Organization Classification: A – All campus Interest B – Special Interest

1. How long are officer terms? Semester Year
2. When are officer elections held? Fall Spring Month: _____
3. What month do officers assume their duties? Month: _____

Please read the statement below and sign the bottom of the form in agreement.

As officer(s)/advisor(s) of the aforementioned organization, we will familiarize ourselves and the membership of our organization with the policies and procedures established by Springfield College, the Office of Student Activities & Campus Programs, and the Student Government Association. Failure to comply with said policies and procedures may cause our organization to become inactive and lose all rights/privileges associated with being a student organization.

President: _____
Campus Box: _____
Student ID #: _____
Cell Phone: _____
E-Mail: _____@springfieldcollege.edu
Signature: _____

Vice President: _____
Campus Box: _____
Student ID #: _____
Cell Phone: _____
E-Mail: _____@springfieldcollege.edu
Signature: _____

Advisor: _____
Campus Address: _____
E-Mail: _____@springfieldcollege.edu
Campus Phone: _____
Signature: _____

Treasurer: _____
Campus Box: _____
Student ID #: _____
Cell Phone: _____
E-Mail: _____@springfieldcollege.edu
Signature: _____

Secretary: _____
Campus Box: _____
Student ID #: _____
Cell Phone: _____
E-Mail: _____@springfieldcollege.edu
Signature: _____

Advisor: _____
Campus Address: _____
E-Mail: _____@springfieldcollege.edu
Campus Phone: _____
Signature: _____

