OFFICE OF STUDENT PROGRAMS & ORGANIZATIONS
SAVANNAH STATE UNIVERSITY

STUDENT ORGANIZATION REGISTRATION APPLICATION

Date: ______________________

Name of Organization__________________________________________________________

Campus Mailing Address________________________________________________________

Regional/National Affiliation & Address__________________________________________

Applying for Recognition as:

(Check only one category)
- Academic Department Organization
- Athletic Recreational Organization
- Cheerleaders
- Departmental Fraternity
- Governance Organization
- Greek Service Fraternity or Sorority
- Honor Society
- Leadership Organization
- Media/Publication
- Military
- Political Organization
- Religious
- Student Organization Choir
- University Band
- University Choir
- University Debate / Quiz Bowl Team

Eligibility Requirement for Active Membership
Financial obligation for membership in the organization indicated above.

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<tr>
<th>Membership</th>
<th>Amount Retained by Campus Chapter</th>
<th>Amount Retained by National/Local Organization</th>
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<th>Dues:</th>
<th>Amount Retained by Campus Chapter</th>
<th>Amount to National / Local Office</th>
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Complete applications are due EXACTLY TWO WEEK after the start of the first day of class during the Fall semester. All information must be provided in order for the organization to receive full recognition during the academic year.
Officers Qualifications and Appointment

All officers must be in good academic, financial and disciplinary standing with the University. These records will be verified with the Registrar, Business Services and Student Affairs offices.

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<tr>
<th>Officers Election Month</th>
<th>Term of Office</th>
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Please list name, address, position, and e-mail address for all organizational officers:
(Please use additional paper)

Presidents' Name ________________________________________________________________
Address________________________________________________________________________
Phone_________________________ e-mail______________________________

Documents to be submitted as part of registration

< A copy of all campus, local and national constitutions and by-laws governing the organization.

< A list of the current organizational objectives. For each objective indicate specifically how the objective will be met through campus activities and programs.

< A list of current officers with address, telephone numbers and e-mail address.

Organization Advisors' Requirements

All Savannah State University student organization advisors must be a full time faculty/staff personnel. As advisor, you are required to attend all meetings and activities of the organization. If the organization sponsors an event in any facilities at Savannah State University, it is your responsibility to be in attendance throughout (including one half hour before and after) the function. Should you be unable to attend an organizational event it is also your responsibility to name a secondary or substitute advisor to be present. Events that do not have an advisor present will be canceled.

< Primary University Advisor:_______________________ Phone (___)________________
Campus Address________________________________________________________________
Other Phone Numbers Home (___)_____________ Cell (___)_________________________
E-mail________________________________________________________________________
Signature_____________________________________________________________________

< Secondary University Advisor:____________________ Phone (___)________________
Campus Address_________________________________________
Other Phone Numbers Home (___)_____________ Cell (___)_________________________
E-mail________________________________________________________________________
Signature_____________________________________________________________________
Officers & Advisors
Acknowledgment of Institutional Responsibility

< Outside agencies or individuals will be allowed to use the name and insignia of Savannah State University in conjunction with this organization with prior written consent from the Vice President for Student Affairs or his/her designee.

< This organization is open to all students regardless of race, creed, gender, physical handicap, or nation origin. It is with understanding that some national fraternities and sororities may operate on a single sex basis. No student organization may discriminate on the basis of race. If this organization is found to be in violation, it may cause the chapter/charter to be subjected to suspension and/or termination.

< All revenue must be deposited in the appropriate student organization account at the Savannah State University Cashiers Office within one business day after the fundraiser. This organization agrees to submit a Student Organization Revenue & Financial Reconciliation Form to the Student Activities Office within two business days after the event.

Signed

President____________________________   Date_____________________________
Vice President________________________   Date_____________________________
Secretary____________________________   Date_____________________________
Treasurer____________________________   Date_____________________________
Advisor_____________________________   Date_____________________________

Organization Summer Mailing Address & Contact Person

Name______________________________________   Title_____________________________________
Address_________________________________________________________________________________
City_________________________________   State_________________   Zip Code_______________
Phone (_____)________________________   e-mail___________________________________________

Organization Membership Roster
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<tr>
<th>Name</th>
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<th>GPA</th>
<th>SSU E-mail</th>
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