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DEPARTMENT OF STUDENT LIFE 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)

- | | |
|--|---|
| <input type="checkbox"/> <i>Academic Department Organization</i>
<input type="checkbox"/> <i>Athletic Recreational Organization</i>
<input type="checkbox"/> <i>Political Organization</i>
<input type="checkbox"/> <i>Departmental Fraternity</i>
<input type="checkbox"/> <i>Governance Organization</i>
<input type="checkbox"/> <i>Greek Service Fraternity or Sorority</i>
<input type="checkbox"/> <i>Honor Society</i>
<input type="checkbox"/> <i>Leadership Organization</i> | <input type="checkbox"/> <i>Media/Publication</i>
<input type="checkbox"/> <i>Military</i>
<input type="checkbox"/> <i>Religious</i>
<input type="checkbox"/> <i>Social Organization</i> |
|--|---|

Eligibility Requirement for Active Membership

Financial obligation for membership in the organization indicated above.

Membership	\$ _____	Amount Retained by Campus Chapter	\$ _____
		Amount to National/Local Organization	\$ _____
Dues:	\$ _____	Amount Retained by Campus Chapter	\$ _____
		Amount to National / Local Office	\$ _____

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.

Officers Election Month _____

Term of Office _____

*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.

Signatures:

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_____		

