

STUDENT ORGANIZATION REGISTRATION FORM

REGISTRATION TYPE: ___ **NEW** ___ **RENEWAL** **Academic Year:** 20___/20___

Organization registration expires at end of every academic school year. In order to maintain/continue active registration: **Organizations must re-register every year and submit new form anytime leadership changes.** Each academic year, organizations must:

- Complete this form and submit it to 2-06 Student Center.
- Attend (in full) a Student Organization Leadership Orientation.
- Attend (in full) a Budget Session.

If your organization fails to complete registration, your funds will be frozen and your organization will not receive any of the benefits granted to registered student organizations.

Name of organization _____

Approximate number of active members: _____

Name and phone of the Faculty Advisor: _____

Student Life is authorized to release your contact information to students and campus offices seeking information about your organization. Student Life will not release personal contact information when requested by person(s), groups, organizations, or other entities from outside the University. As executive officers of this organization, we agree to abide by Student Life policies and procedures for Downstate student organizations, Downstate policies and procedures, and the Chancellor's guidelines. We understand that violations of any rule or regulation may result in the suspension of the privileges of this organization. It is also understood that as a registered organization, this organization acts as a private affiliate and receives the privileges outlined in University policies and procedures. The University does not endorse the individual mission, goals or purposes of any organization nor allows any organization to act on behalf of the University. Student Life is authorized to check the academic standing of organization officers. All organization officers are required to be in good academic standing.

My signature below confirms my organization's agreement of the above statements.

The following information (along with officer names/email addresses) will be posted in our Student Organization Directory:

President

(printed name)

Class of (Year): _____ Signature: _____

Local Address: _____
Cell: _____

Vice President

(printed name)

Class of (Year): _____ Signature: _____

Local Address: _____
Cell: _____

Secretary

(printed name)

Class of (Year): _____ Signature: _____

Local Address: _____
Cell: _____

Treasurer

(printed name)

Class of (Year): _____ Signature: _____

Local Address: _____
Cell: _____

What month are elections held: _____ What month do newly elected officers take office?: _____

Is the organization affiliated with any non -SUNY Downstate entity?: ___Y ___N

If Yes, what entity and what is the relationship: _____

Funding- Check all that apply:

___ University Council ___ CHRP Council ___ Grad Council ___ Res Hall Council
___ Med Council ___ Nursing Council ___ MPH Council ___ Other: _____

Approved-DMC Student Life by: _____ Date: _____