

On-Going Student Organization Registration Form



2009-2010

The Student Government Association provides an expedited process for student organizations that are known to be active organizations from year to year. In order to facilitate an unmatched student life on the College of Charleston campus, we ask for cooperation from registered student organizations in completing this form promptly.

Student Organization Name: _____
Organization Contact: _____

Returning Organization Status: Registered Sanctioned

Organization Classification (circle one): Business, Campus Programming, Educational, Honor, Multicultural, Political, Service and Leadership, Special Interest, and Student Media

Officer Contact Information:

Primary Contact/ President:

Name: _____

CofC Email: _____ Phone: _____

Secondary Contact/ Vice President:

Name: _____

CofC Email: _____ Phone: _____

Financial Officer:

Name: _____

CofC Email: _____ Phone: _____

Administrative Officer:

Name: _____

CofC Email: _____ Phone: _____

PLEASE ATTACH ADDITIONAL DOCUMENTATION SUCH AS,
Insurance Information (if applicable), Organization Constitution (required), Membership Roster (must include at least 10 members including Student ID as well as email addresses).

PRESIDENTIAL RESPONSIBILITY STATEMENT

I hereby certify the following:

- The purpose of this organization is legal.
- Activities to be engaged in by this organization conform to rules and regulations of the College of Charleston.
- Activities to be engaged in by this organization align with the educational goals of the College of Charleston (see the *Student Code of Conduct/Honor Code* and *The Compass* for additional information).
- I have reviewed the 2009-2010 edition of *The Compass* before the Student Organization Summit and I understand that it is my responsibility to guide and educate the members of my organization with regard to these policies.
- A member of my organization will attend the Student Organization Summit sessions
- All contact information on this form is entirely filled out and will contact the SGA Secretary if there are any changes to contact information for club officers.

President's Signature: _____

Date: _____

ADVISOR VERIFICATION

The College of Charleston requires all registered student organizations to have an advisor. This must be a full time member of the staff, faculty, or administration and is responsible for the following:

- To be available to meet with members of the organization which he or she advises at their regular group meetings or at a special meeting called for that purpose.
- To promote a closer relationship between and among students, faculty and staff.
- To provide assistance to students in setting goals and planning activities for the organization.
- To assist students in developing co-curricular interests consistent with the mission of the College of Charleston.
- If the student organization maintains an on-campus account with the College, the advisor must be a signor on the account and must see every transaction that occurs on the account. Budget reports for the account will be sent upon request to the advisor from the Office of Student Life.

Specifically, the role of the advisor is largely defined by the person filling the position. Additional information is provided in *The Compass*.

I agree to serve as the advisor to the above mentioned student organization for the 2009-2010 academic year, including having my name and email address on the Student Life webpage, and I intend to fulfill the above responsibilities to the best of my ability.

Advisor's Signature: _____ Date: _____

Print Name: _____

Email Address: _____ Phone Number: _____