STUDENT ORGANIZATION
REGISTRATION FORM

1. Organization’s Name ________________________________ Phone ____________________
2. Organization’s Campus Address __________________________ # ____________________
   (If previously assigned)
3. Classification (check one)
   ______ Academic Honorary
   ______ Academic/Pre-professional
   ______ Advocacy
   ______ Entertainment/Social
   ______ Ethnic Interest
   ______ Governance
   ______ Special Interest Housing
   ______ Sports/Recreation
   ______ Performance/Arts
   ______ Publications
   ______ Religious
   ______ Residential Hall Council
   ______ Service
   ______ Special Interest
   ______ Greek Letter Fraternity/Sorority
   ______ Other (please specify)

4. The purpose of this organization is ________________________________

5. Number of Members ________________

   Officers
   Officers must be full-time matriculated students at the University of Rochester. Please list your three or four high-ranking officers.

   Name ____________________ Title ____________________ Class __________
   Campus Address ___________________________ Phone __________________
   Home Address ___________________________ Phone ( () ) __________

   Name ____________________ Title ____________________ Class __________
   Campus Address ___________________________ Phone __________________
   Home Address ___________________________ Phone ( () ) __________

   Name ____________________ Title ____________________ Class __________
   Campus Address ___________________________ Phone __________________
   Home Address ___________________________ Phone ( () ) __________

   Name ____________________ Title ____________________ Class __________
   Campus Address ___________________________ Phone __________________
   Home Address ___________________________ Phone ( () ) __________

6. Elections

7. Date of organization elections ____________________ Date Officers take office ________________
   Length of Officer Service: ________________
8. Constitution
New organizations are required to submit a current constitution with this form. Does your organization have one on file with the Student Activities Office?

_____ Yes (date last updated)  ___________  _____ No (if no, submit a copy with this petition.

9. Funding
Has the organization been approved as eligible for funding by the River Campus Student Association?

_____ Yes  _____ No .  _____ Plan to apply

Does the organization receive regular operating funds from other sources? Please list:

10. Responsible Office
All organizations must be recognized by the Director of the responsible office. An advisor will then be assigned to the organization.

- Entertainment/Social, Performance/Arts, Publications, Advocacy, Ethnic Interest, Governance, Service, Special Interest: Student Activities Office, 201 Wilson Commons.
- Academic Honorary: College Department Office.
- Academic/Preprofessional: College Department Office.
- Greek Letter Fraternity/Sorority: Director of Greek Affairs, Office of Residential Life, 20 Gates, Susan B Anthony Hall.
- Religion: Director of Religious Affairs, Interfaith Chapel.
- Sports/Recreation: Director of Club Sports, Office of Athletics and Recreation, Goergen Athletic Center.
- Special Interest Housing, Residential Hall Councils: Office of Residential Life, Susan B. Anthony Hall.
- Other: Student Activities Office

Advisor from Responsible Office

Advisor’s Name (print) _______________________________

Advisor’s Signature

Position or Title ________________________________
Campus Address ___________________________ Phone ___________________

11. Additional Advisors (if any)

Name (print) ________________________________ Position ______________________
Campus Address ___________________________ Phone ___________________
Name (print) ________________________________ Position ______________________
Campus Address ___________________________ Phone ___________________

12. My signature below confirms my organization’s understanding of and agreement to comply with the rules and regulations outlined in the current Rules and Regulations for Student Organizations at the University of Rochester. I understand that violation of any rule or regulation may result in the suspension or termination of this body as a registered student organization.

SIGNATURE OF OFFICER COMPLETING PETITION ________________________________

DATE ________________________________

* RETURN THIS FORM TO 201 WILSON COMMONS, STUDENT ACTIVITY OFFICE. FOR MORE INFORMATION, CONTACT THE DIRECTOR AT 275-9390.