Application for
New Student Organization
Registration

Congratulations and thank you! You and 4 other students have taken the first step toward establishing a new Ursuline College student organization. As you move forward in the process, please contact the Director of Student Activities at 440.646.8325 for assistance!

Date of Application ______________ Organization Name ______________________________

1. Please describe the purpose of this organization:
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Membership Requirements (if any):
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3. Is the organization affiliated with a national, regional, or local organization? ____ Yes _____ No

   If Yes, describe the nature of the organization:
   ____________________________________________________________________________

   If Yes, list the website and/or contact information for the affiliated organization:
   ____________________________________________________________________________

   If yes, will the organization receive funds from this affiliation? _____ Yes_____ No
4. Community Service Project (Mandatory):


5. Charter members (must have completed at least 6 credit hours at Ursuline College and be currently registered):

Designated Student Representative

Name:_____________________________________________________

Address:_________________________________________________

Phone: (_____ ) _____--_________ Email:_____________________

Information of 4 registered Ursuline College students interested in establishing this organization (required):

1. Name:_________________________________________________

Address:_________________________________________________

Phone: (_____ ) _____--_________ Email:_____________________

2. Name:_________________________________________________

Address:_________________________________________________

Phone: (_____ ) _____--_________ Email:_____________________

3. Name:_________________________________________________

Address:_________________________________________________

Phone: (_____ ) _____--_________ Email:_____________________

Name:___________________________________________________

4. Address:____________________________________________________________________

Phone: (_____ ) _____--_________ Email:_____________________

Advisor: ___________________________ Advisor Title ___________________________

Phone/Ext: ___________ Preferred Email: ___________________________

Status: _____ Faculty _____ Administrator (Please Select One)
By Signing this form I attest to the following:

1) A minimum of 5 students are genuinely interested in forming this organization;
2) The petitioning organization agrees to abide by College policies;
3) I will provide continuity for the organization through active participation from year to year;
4) This organization’s mission is consistent the College’s; and
5) I will act as signatory for any College funds allocated to the organization following College purchasing and expenditure policies.

Advisor Signature: ________________________________ Date: __________

By Signing this form I attest to the following:

1) A minimum of 5 students (including myself) are genuinely interested in forming this organization;
2) I agree to be the primary contact with the College;
3) I am a full-time registered student at Ursuline College;
4) This student organization’s mission is consistent with the College’s; and
5) I have read and agree to abide by all College policies, particularly those listed in the Student Handbook.

Designated Student

Representative Signature: ________________________________ Date: __________

**THIS SECTION IS FOR COSO USE ONLY**

- [ ] COSO Data Sheet Completed
- [ ] Organization does not duplicate the services of other student organizations already registered
- [ ] Mission consistent with the College’s
- [ ] Constitution
  - _____Initial Draft submitted for review
  - _____Final Draft submitted for review
- [ ] Approved w/ comments
- [ ] Denied w/ comments