Student Organization Recognition Form
be completed at the beginning of each fall semester for all returning groups

Organization: ___________________________________ Academic Year: _____________

ADVISOR Information

Advisor: ___________________________ Phone Number: ___________________________

Advisor Title: ___________________________ Department: ___________________________

Check One: _____ Faculty _____ Administrator Advisor Signature: ___________________________

OFFICERS Information

Date of Election of Officers: _______________ Dates of Term of Office: _______________

(Officers are required to be enrolled for at least 6 credit hours each semester during their term of office.)

Name: __________________________________ Title: ___________________________

Permanent Address, including City and Zip): _______________________________________

Permanent Phone: (___)_________ Email Address:_________________________ Cell Phone:_________________________

If Resident: Hall Address_________________________

Name: __________________________________ Title: ___________________________

Permanent Address, including City and Zip): _______________________________________

Permanent Phone: (___)_________ Email Address:_________________________ Cell Phone:_________________________

If Resident: Hall Address_________________________

Name: __________________________________ Title: ___________________________

Permanent Address, including City and Zip): _______________________________________

Permanent Phone: (___)_________ Email Address:_________________________ Cell Phone:_________________________

If Resident: Hall Address_________________________

Name: __________________________________ Title: ___________________________

Permanent Address, including City and Zip): _______________________________________

Permanent Phone: (___)_________ Email Address:_________________________ Cell Phone:_________________________

If Resident: Hall Address_________________________

Name: __________________________________ Title: ___________________________

Permanent Address, including City and Zip): _______________________________________

Permanent Phone: (___)_________ Email Address:_________________________ Cell Phone:_________________________

If Resident: Hall Address_________________________

Name: __________________________________ Title: ___________________________

Permanent Address, including City and Zip): _______________________________________

Permanent Phone: (___)_________ Email Address:_________________________ Cell Phone:_________________________

If Resident: Hall Address_________________________
MEMBERSHIP

Please submit an updated list of Organization Members.

Membership must be open to and limited to all students who have paid the activity fee at Ursuline College. Although organizations may add requirements for membership. (i.e. A singing group may audition its members to ensure good voices.)

Membership Requirements, if any: ___________________________________________________

Membership Dues, if any: ________________________________________________

AFFILIATION

Is the Organization affiliated with any 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, do you receive funds from this affiliation? _____ Yes _____ No

COMMUNITY SERVICE

Each Organization is required to perform some type of community service during the academic year.

Please describe the community service plans for the organization: ____________________________

____________________________________

MEETINGS

How often does the organization hold meetings?

Check the most appropriate: _____ Weekly _____ Monthly _____ Semesterly _____ Other, describe:____________________

If known, please list dates, times, and locations of Organization Meetings: ____________________________

____________________________________

ACTIVITY PLANS

Please list plans for activities, events, and projects for this academic year. Feel free to attach a calendar of events.

____________________________________

____________________________________

____________________________________