



REGISTRATION APPLICATION FOR STUDENT INTEREST GROUP (SIG)
Please submit completed form and supporting documents to Kia Thow

Name of SIG/club: _____

Status:

____ New (Application for Recognition)

____ Pre-existing (Application for active status)

Purpose of the organization: _____

Amount of fees/dues:

\$ _____ per (check one) _____ month _____ semester _____ year

Are you requesting funds? _____ Yes _____ No

If yes, please provide a brief explanation on how you plan to utilize the funds: _____

Officers

Officers must be a full-time student in good academic, financial, and disciplinary standing according to the standards set forth in the Student Handbook.

The officers listed below should be:

- The primary student leader (president, co-president, chair etc.)
- The treasurer (if the group will be handling any funds)
- The secretary (to schedule meetings and take minutes)

Additional officers may be determined by the needs of the group. If any change of officers occurs during the year, the group must notify the Associate Dean of the change in writing. There must be 10 people or more in the group to be considered.

1) Name: _____ Title: _____ Co President _____ Phone: _____

2) Name: _____ Title: _____ Co President _____ Phone: _____

3) Name: _____ Title: _____ Treasurer _____ Phone: _____

4) Name: _____ Title: _____ Secretary _____ Phone: _____

5) Name: _____ Title: _____ Phone: _____

6) Name: _____ Title: _____ Phone: _____

REGISTRATION APPLICATION FOR STUDENT INTEREST GROUP – (CONT'D)

- 7) Name: _____ Title: _____
8) Name: _____ Title: _____
9) Name: _____ Title: _____
10) Name: _____ Title: _____
11) Name: _____ Title: _____
12) Name: _____ Title: _____
13) Name: _____ Title: _____
14) Name: _____ Title: _____

Advisor(s)

The advisor(s) must be California Northstate College of Medicine faculty or staff.

Name: _____ Department: _____ Phone #: _____
Name: _____ Department: _____ Phone #: _____

Mission Statement

A copy of the organization's mission statement must be on file with the Office of Student Affairs. Samples of mission statements can be obtained through this office for groups who need to create or amend a mission statement.

Signatures

All information on this form may be released to interested parties.

As the primary leader of this organization, I am a full-time student at California Northstate University College of Medicine in good academic, financial and disciplinary standing and will serve as the primary leader of this organization from _____ (month/year) to _____ (month/year). As the primary leader, I understand that I will be establishing and maintaining the standard of conduct for the organization during activities. I also understand that it is my responsibility to lead the organization, according to the stipulations of this document, the organization's Mission Statement, and the policies outlined in the California Northstate College of Medicine Student Handbook.

Officer's Signature	Print Name	Date
Advisor's Signature	Print Name	Date
Co-Advisor's Signature	Print Name	Date

Office of Student Affairs Use Only

_____ Approved _____ Denied

Assistant Dean's Signature	Print Name	Date
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