Registration Application for Student Interest Groups (SIG)

****Please submit completed form and supporting documents to Ariana Mueller****

Name of SIG/Club: _____

Status: ☐ New (Application for Recognition) ☐ Pre-existing (Application for active status)

Purpose of the organization: _____

_____

Amount of fees/dues: $_____ (*check one)* per / ☐ month ☐ semester ☐ year

Are you requesting funds? ☐ Yes ☐No

If yes, how do you plan on utilizing the funds? : _____

Officers: An Officer 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: _____ Phone: _____
2. Name: _____ Title: _____ Phone: _____
3. Name: _____ Title: _____ Phone: _____
4. Name: _____ Title: _____ Phone: _____
5. Name: _____ Title: _____ Phone: _____

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

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ 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 one.

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