



REGISTRATION APPLICATION FOR STUDENT ORGANIZATIONS

The Organization

Name of organization/club: _____

Status:

_____ New (Application for Recognition)

_____ Pre-existing (Application for active status)

Purpose of the organization: _____

Amount of fees/dues: \$ _____ per (select one) ___ Month ___ Semester ___ Year

Officers

All organizations are required to have at least one officer, who must be a full-time student in good academic, financial and disciplinary standing according to the standards set forth in the Student Handbook. Additional officers may be determined by the needs of the group. The officer's listed below should be:

- The primary student leader (president, co-president, chair etc.)
- The treasurer (if the group will be handling any funds)
- Any additional officers indicated on the membership list. If any change of officers occurs during the year the group must notify the Associate Dean of the change in writing.

Leader(s)

Name: _____ Title: _____
Student ID #: _____ Phone: _____

Name: _____ Title: _____
Student ID #: _____ Phone: _____

Treasurer

Name: _____ Title: _____
Student ID #: _____ Phone: _____

Other

Name: _____ Title: _____
Student ID #: _____ Phone: _____

Name: _____ Title: _____
Student ID #: _____ Phone: _____

Name: _____ Title: _____
Student ID #: _____ Phone: _____

REGISTRATION APPLICATION FOR STUDENT ORGANIZATIONS – (CONT'D)

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.

Membership

Please attach a list of members for the upcoming term. Indicate officer titles.

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

Date

Advisor's Signature

Date

Co-Advisor's Signature

Date

Please submit completed form and supporting documents to Kia Thow.

Office of Student Affairs Use Only

Approved ___ Denied ___

Assistant Dean's Signature

Date