

SUNY POTSDAM STUDENT ORGANIZATION REGISTRATION FORM

*Student organizations must register with Campus Life (Student Union 208) within 10 days of the start of each semester.
SGA groups can submit their form to the SGA Office & All Greek Council groups can submit their form through their Recognition Binders.
A full copy of the Student Organization Registration policy is available at <http://www.potsdam.edu/studentlife/clubs/index.cfm>.*

ORGANIZATION NAME _____

GENERAL CONTACT INFORMATION

Office Phone _____ Mailbox # _____ Website _____

Office Location _____ Approximate # of Members: _____

RECOGNITION

SGA Recognized All Greek Council Recognized Other _____

Organizations indicating "Other" must specify type and include their Organizational Constitution and Proof of General Liability Insurance or waiver (see General Liability Insurance Coverage section below for more information)

MEETINGS

Day, time and location _____ Open to the public? Yes No

Meetings are held Weekly Bi-Weekly As Needed

MISSION / PURPOSE AND PRIMARY FUNCTION

TRADITIONAL AND ANTICIPATED EVENTS FOR CURRENT ACADEMIC YEAR

Does your group offer any sports or physical fitness-oriented activities?

No Yes: _____

Athletic Groups must provide additional information through their parent organization (Ex: SGA) as indicated in Section D of the Student Organization Registration Procedure & Expectations document.

Does your group plan to utilize SUNY Potsdam campus facilities? (specify if yes)

No Yes: _____

After registration, groups must reserve spaces above as per established campus space utilization policies.

GENERAL LIABILITY INSURANCE COVERAGE

SGA and AGC recognized groups have general liability coverage. For any other group, please attach proof of general liability coverage. Groups without such insurance that would like to request a waiver may do so by attaching a typed document demonstrating that the organization is not a "high risk" group and/or that the group's activities are managed either directly or collaboratively by a College department or office. This information will be reviewed by the Student Organization Review Committee. Should the committee determine that the group must provide proof of general liability insurance, the group will be unable to operate at SUNY Potsdam until such time that this insurance is obtained. Appeals of the decision of the committee can be made to the Dean of Students.

ORGANIZATION NAME _____

EXECUTIVE BOARD CONTACT INFORMATION

Title _____ Name _____ DOB ____ / ____ / ____

Phone _____ Email _____ Campus Mail _____

Title _____ Name _____ DOB ____ / ____ / ____

Phone _____ Email _____ Campus Mail _____

Title _____ Name _____ DOB ____ / ____ / ____

Phone _____ Email _____ Campus Mail _____

Title _____ Name _____ DOB ____ / ____ / ____

Phone _____ Email _____ Campus Mail _____

Title _____ Name _____ DOB ____ / ____ / ____

Phone _____ Email _____ Campus Mail _____

Title _____ Name _____ DOB ____ / ____ / ____

Phone _____ Email _____ Campus Mail _____

Date of birth is required so that students' academic eligibility (see below) can be verified through the College's record keeping system.

ACADEMIC ELIGIBILITY

Students on academic probation are prohibited from holding an executive board position in a student organization. Campus Life will verify the academic eligibility of all officers. Any officer listed, who is on academic probation, will be immediately removed from their position and the remaining leadership of the club informed to start the proceedings for a new election as specified in their organization's constitution. For more information please see page 52 of the SUNY Potsdam Undergraduate Catalog: <http://www.potsdam.edu/academics/catalog/undergraduate/index.cfm>.

ADVISOR INFORMATION

Name _____ Department _____

Phone _____ Email _____ Campus Address _____

Organization advisors shall be protected from liability in accordance with the Public Officers Law of the State of New York in carrying out their responsibilities.

FINAL SIGNATURES

As the Advisor to and President of the above named group, we have reviewed this form and certify, to the best of our knowledge, that the information provided is accurate. We have read and understand the Student Organization Registration Procedures and Expectations document.

Advisor Signature _____

President Signature _____

FOR CAMPUS LIFE OFFICE USE ONLY

Date Received _____ Initials _____

Approved by _____ Date _____