Any student group seeking official registration by the University in order to utilize University facilities must complete this form and return to Emily Cooley, Office of Student Life, 800 Madison Avenue, Suite 300. The group must update the officers yearly to remain a registered group on campus.

A complete description of the process for the registration of student organizations may be found in the Registration and Conduct of Student Organizations section in the CenterScope Student Handbook.

Please attach a copy of your organization’s constitution and by-laws to this form. If the group does not have a constitution and by-laws, please consult the CenterScope Student Handbook for instructions regarding the preparation of a constitution or contact the Office of Student Life for assistance.

Date of Request ______________________

Name of Organization ____________________________

Mailing Address _____________________________________________________________

Purpose ________________________________________________________________

Membership Eligibility Requirements __________________________________________

Please list the current officers of this group and describe the various functions of each office:

President _______________________________ Telephone _______________________

Address ________________________________________________________________

E-Mail __________________________________________________________________

Functions of this office ____________________________________________________

Vice President _______________________________ Telephone _______________________

Address ________________________________________________________________

E-Mail __________________________________________________________________

Functions of this office ____________________________________________________
Secretary __________________________  Telephone __________________________

Address ________________________________________________________________

Functions of this office ____________________________________________________

Treasurer __________________________  Telephone __________________________

Address ________________________________________________________________

Functions of this office ____________________________________________________

Faculty/Staff Advisor ________________  Department __________________________

UT Telephone __________________________  UT Address __________________________

Please state the length of the terms of the officers and the method by which they are elected to serve as the leaders of your group: ________________________________________________________________

________________________________________________________________________

How frequent are your meetings? ____________________________________________

Additional comments about your group: ______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of person submitting request: _________________________________________

Telephone __________________________  Signature __________________________