



Office of Student Activities
 235 Caine Student Center
 (517)264-3811

Student Organization Recognition Form

Organization Name: _____

Each student organization at Adrian College must reapply for recognition each fall with the Office of Student Activities. All officer and advisor information must be kept current. *Please complete this form and submit it, along with a copy of your current constitution, to the Office of Student Activities by October 1. Failure to comply with the renewal may result in the organization losing recognition.*

	Name	Address	Phone	E-mail
President	_____	_____	_____	_____
Treasurer	_____	_____	_____	_____
Officer	_____	_____	_____	_____
Officer	_____	_____	_____	_____

	Name	Campus Department	Campus Phone	E-mail
Advisor	_____	_____	_____	_____
Advisor	_____	_____	_____	_____

Meetings

Number held per month _____ Time of meetings _____ Day _____ Location _____

Does your organization charge dues or any other assessment? Yes ___ No ___ If yes, how much? _____

When was your constitution last reviewed? _____

Please provide a brief description of your organization:

_____	_____
President's Signature	Date Signed
_____	_____
Advisor's Signature	Date Signed
_____	_____
Advisor's Signature	Date Signed