

Aurora University Student Organization Registration Form

Please check one: New Organization Renewal Officer Change

Date _____

Organization Name _____

Advisor Name _____

Advisor Phone _____

Advisor Email _____

President Name _____

President Phone _____

President AU Email _____

Type of Organization _____

Sponsoring Department (OSA if Not Academic) _____

(Choose from: Athletic, Cultural/Ethnic, Academic/Departmental, Government/Political, Honorary, General Interest, Service, or Fraternity/Sorority)

PLEASE MAKE SURE THAT YOU TURN IN THE FOLLOWING IN ORDER TO RECEIVE FULL RECOGNITION:

- _____ The **Organization Registration Form**
- _____ The **Organization Advisor Agreement Form**
- _____ The **Organization's Council Contract (every group must have this on file now)**
- _____ One (1) paper copy of the **Constitution** (renew every 3 yrs)
- _____ Five (5) initial member list below and attach **ALL** additional members on a separate sheet of paper

NEW ORGANIZATIONS MUST ALSO HAVE THE FOLLOWING:

- _____ One (1) paper copy of your **Constitution** (you can find a sample on the OSA website)
- _____ Answers to the questions below on a separate sheet of paper

QUESTIONS FOR NEW ORGANIZATIONS

1. What is your organization's mission statement?
2. Why do you believe that there is a need for this group?
3. How will your group further the mission of Aurora University?
4. What two student organizations that currently exist most closely resemble your proposed group and in what significant and compelling way is your organization different? *(Please note, this question may not pertain to some petitioners.)*
5. What kind of events would your organization organize or sponsor?
6. Explain how your organization will demonstrate and exemplify the Guiding Principles found in the Manual for Student Organizations on page 1?

Executive Board Members

Name and Position	AU Email	Phone

***Attach the rest of your members' information to this sheet on a separate sheet of paper

PLEASE TURN IN THIS FORM AND ALL OTHER REQUIRED FORMS TO THE OFFICE OF STUDENT
ACTIVITIES LOCATED IN THE SPARTAN SPOT

OSA USE ONLY

Received in OSA _____

APPROVED: YES NO

OSA Staff Initials Date

Setup org account number (if new) _____

Setup access to org/orgadvisor listserv _____

Advisor access on webadvisor (if new) _____

Mailbox (OSA or advisor address) _____