



# STUDENT ORGANIZATION APPLICATION/ ANNUAL REGISTRATION FORM

REGISTRAR/STUDENT SERVICES OFFICE

## STUDENT ORGANIZATION

This is:  A New Student Organization  An Existing Student Organization

This organization is a local chapter of a national organization:  YES  No

ORGANIZATION NAME: \_\_\_\_\_

ORGANIZATION EMAIL: \_\_\_\_\_ WEBPAGE: \_\_\_\_\_

(Consult with Technology Services for approval)

A new student organization must include a copy of the Constitution and Bylaws with this application.

An existing student organization must include a copy of the Constitution and Bylaws whenever they change as well as a summary of the changes it made to these documents.

MISSION STATEMENT and PURPOSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEMBERSHIP

Membership is:

Open to all Roseman University Students

Restricted to students in specific academic program(s). Please specify the academic program(s) that membership is restricted to:

Bachelors of Nursing

Doctorate of Dental Medicine

Doctorate of Pharmacy

Masters of Business Administration  Orthodontics

Number of members as of October 15 of the previous year: \_\_\_\_\_

*\*Each participating member must complete the 'Release of Liability and Assumption of Risks Form' each academic year prior to participate in off campus events and submit the form to the Registrar/Student Services Office.*

## STUDENT LEADERSHIP

For a proposed student organization, state the name of the student serving as the primary contact and the student's academic program and campus:

\_\_\_\_\_

Current or Expected Officers\*:

Office	Name	Student ID Number	Student Email	Phone
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President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer\*\* : \_\_\_\_\_

*\*Note: Students must maintain good academic and professional standing to hold any of the offices listed above.*

*\*\*If the Treasurer's position is combined with the Secretary, write 'NA'*

President's Academic Program & Campus: \_\_\_\_\_ HD or SJ

## MEETINGS TIMES

Proposed Regular Meeting Days	Proposed Time
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ANNUAL EVENTS**

**Proposed Annual Events**

**Proposed Time of Year**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**This section must be completed by student organizations whose membership is restricted to students in a specific academic program.**

**The Dean's/Program Director's Office endorses this student organization.**

\_\_\_\_\_  
 Print Name of Authorized Administrator from the Dean/Program Director's Office Date

**ADVISOR(S)**

A student organization's advisor must be a full time Roseman employee and/or have an appointment as a faculty member. Advisors agree, at a minimum, to guide, monitor travel, supervise activities, attend meetings as much as possible, and support student leadership.

**Advisor(s):**

Name	Home Campus	Phone	Email	Signature
1. _____	HD or SJ	_____	_____	_____
2. _____	HD or SJ	_____	_____	_____

**SUPERVISOR ENDORSEMENT OF EMPLOYEE(S) / FACULTY MEMBER(S) SERVING AS AN ADVISOR**

**I endorse this employee serving as an advisor to this student organization.**

_____ Print Name of Supervisor	_____ Signature	_____ Date
_____ Print Name of Supervisor	_____ Signature	_____ Date

**For current student organizations, this form must be submitted to the Registrar/Student Services Office by September 1<sup>st</sup> of each year.**

**Disclaimer:** *Although this organization may be approved to operate on any Roseman University of Health Sciences campus or off campus, the views, opinions, statements and/or philosophy of the organization are solely those of the organization and do not necessarily represent those of the students employees, Administration, or the Board of Trustees of Roseman University.*

**Questions: Contact the Registrar/Student Services Office:**

**Henderson Campus:** 702-968-2029

**South Jordan Campus:** 801-878-1040

**Email:** [registrar@roseman.edu](mailto:registrar@roseman.edu)

<p><b>For Registrar/Student Services Office use only:</b></p> <p>Date Reviewed: _____ By: _____</p> <p>Date Discussed with Respective Academic Unit Head: _____</p> <p>Date Reviewed by Administrative Council: _____</p> <p>Date Reviewed by Board of Trustees: _____</p> <p>Date Notified Primary Contact: _____</p> <p><b>The RSS classifies this SO as: 'Academic Program Based' 'Interprofessional' 'General'</b></p>
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