Chicago State University Student Activities Center
Recognition Packet 2014-2015

Complete and Return to:
Student Activities Center, Cordell Reed Student Union, Suite 260 - (773) 995-2300

DEADLINE: Fall Recognition 1st Week of June/Spring Recognition 2nd Week of December
(Please type or print legibly)

(Office use only) Date submitted: _____________ Funding Eligibility □ YES □ NO

□ New (submit copy of constitution/by-laws) □ Renewal

Name of Organization: __________________________________________________________

Organization Mission Statement/Purpose:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Organization Type: (please check the ONE that suits your organization best)

☐ Social
☐ Educational
☐ Cultural/Ethnic
☐ Governance
☐ Greek Life
☐ Honorary

☐ Military
☐ Performance/Literary Arts/Fine Arts
☐ Political Social Issues
☐ Pre-Professional
☐ Religious

☐ Service
☐ Sports/Rec/Leisure Activities
☐ Other

Primary Organization Contact: (Used for general public. An email, web address and/or contact phone number must be listed)

Name: ___________________________________________ Phone #: __________________________

Email: ___________________________________________ Website: _____________________________

On-Campus Advisor: _________________________________________________________________

Title: ________________________________ Campus location _____________

Phone #: ___________________________ E-mail: ________________________________

(Optional) On-Campus Co-Advisor: ____________________________________________________

Title: ________________________________ Campus location _____________

Phone #: ___________________________ E-mail: ________________________________

(Optional) Off-Campus Advisor: ______________________________________________________

Email: ________________________________ Phone #: __________________________
Membership Roster

(You must have at least three (3) members in these positions: President, VP, Treasurer & Secretary)

Organization name ___________________________________________________________

YOU MUST FILL OUT ALL CONTACT INFORMATION.

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VERY IMPORTANT

You must select an on campus **recommended** advisor (full time faculty or staff member) to work closely with your organization. The advisor should be **selected and voted on by the membership** and you may select no more than two advisors. Please review the advisors role and responsibilities detailed below and have your advisor(s) and president sign below.
Advisors Roles and Responsibilities

Organization name ___________________________________________________________

All student clubs/organizations, fraternities and sororities must have an on-campus faculty or staff advisor who is recommended (subject by SAC approval) by the student members. The advisor is responsible for assisting students with the development of programs and activities, supervising these activities and attending functions. Advisors are also required to sign off on all paperwork submitted by the club/organization (facilities request forms, DPV, contracts etc…). Please note that students are prohibited from contracting vendors. It is the responsibility of the advisor to make the verbal and written contact with all vendors. All contracts must be approved by the Office of Legal Affairs and signed by the President. It is therefore, imperative that sufficient time is allotted for all of the necessary steps to occur. An advisor may not serve as advisor to more than two organizations.

Specific duties of an advisor:
  a. To attend all meetings and activities sponsored by the organization and ensure that such activities are properly supervised;
  b. To supervise financial transactions and planning (all direct payment vouchers and purchase requisitions must be signed and approved by the advisor);
  c. To facilitate the exchange of information, policies and guidelines between the organization, the Student Activities Center and the Student Government Association;
  d. To provide guidance and assistance to clubs and organizations as to insure that appropriate procedures are followed for utilizing CSU equipment, facilities, and services;
  e. To aid student leaders in establishing a fair and orderly decision-making process within the organization;
  f. To insure that all executive student officers, elected or appointed, are in good academic standing (cumulative GPA must be a 2.5, Presidents and Vice Presidents must have completed a minimum of 60 college credit hrs.).

Signatures:
Advisor: ________________________________ Date: _______________________

(Optional) Co-Advisor: ___________________________ Date: _______________________

Organization President: _________________________ Date: _______________________

DO NOT WRITE BELOW THIS LINE

DATE OF APPROVAL: __________________________

Signatures:
SAC Director: ________________________________ Date: _______________________

Coordinator: _________________________________ Date: _______________________