Aurora University
Student Organization Registration Form

Please check one: New Organization Renewal (must provide new info each academic year) Officer Change

_____ Date _____
Organization Name

_____ _____
Advisor Name Advisor Phone Advisor AU Email

_____ _____
President Name President Phone President AU Email

_____ When are officer elections held? (Check one) Fall Spring
Type of Organization
(Choose from: Academic/Professional, Honorary, Cultural, Governance, Service, Fraternity/Sorority, General Interest)

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***

_____ One (1) paper copy of the ***Constitution*** (renew every 3 yrs or when a change is made)

_____ Five (5) initial member list below **and** additional members on ***Student Organization Member Update Form***

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 all.)*
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 (please fill out completely and CLEARLY)

Name	Position	AU Email Address	Phone Number	Office Use

***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 listserve _____

Advisor access on webadvisor (if new) _____ Mailbox (OSA or advisor address) _____