

2008-2009 UNH Manchester Student Organization Recognition Form

Please fill in every line legibly! If it does not apply to your organization write non-applicable or NA.

<p>*Official Name of Organization: _____ _____</p> <p>By what other names has your organization been recognized? _____</p> <p>*Statement of Purpose: _____ _____ _____</p> <p>Is this a new group at UNH Manchester? _____</p> <p>Total active membership: _____</p> <p>National, State, or Local Affiliation: _____ _____</p> <p>Anticipated membership dues/fees per semester: _____</p> <p>Election date for new officers: _____</p> <p>Does your group have a constitution on file? _____</p> <p>What projects/events and/or services does your organization provide for the campus community? _____ _____ _____</p> <p>How do you recruit members to your organization? _____ _____</p> <p>Anticipated source of funding: _____ _____</p> <p>*When does your organization meet? *Day & Time: _____</p> <p>*Location: _____</p> <p>*Office Location (if applicable): _____</p> <p>*Office Phone # (if applicable): _____</p> <p>*Does your group have a web address? _____ _____</p>	<p>*Director/President Name: _____</p> <p>*Phone: _____</p> <p>Local Address: _____</p> <p>*Email: _____</p> <p>**Last Four Digits of SSN: _____</p> <p>**Signature: _____</p> <p>Summer Contact Info: _____</p> <p style="text-align: center;">Additional Organization Officers:</p> <p>1. Position: _____ Name: _____ Phone: _____ Email: _____ Local Address: _____ **Last Four Digits of SSN: _____ **Signature: _____</p> <p>2. Position: _____ Name: _____ Phone: _____ Email: _____ Local Address: _____ **Last Four Digits of SSN: _____ **Signature: _____</p> <p>3. Position: _____ Name: _____ Phone: _____ Email: _____ Local Address: _____ **Last Four Digits of SSN: _____ **Signature: _____</p> <p>4. Position: _____ Name: _____ Phone: _____ Email: _____ Local Address: _____ **Last Four Digits of SSN: _____ **Signature: _____</p>
<p><i>* This information will be released to the campus community.</i></p> <p><i>**SSN's are utilized to verify student status. I understand that by signing this form, the University of New Hampshire at Manchester has permission to confirm that I am a student with at least a 2.3 GPA at UNH Manchester. This information will be available as long as I am an officer with this organization.</i></p>	

General Members

Please note: you must have at least five (5) total members (general and officers) to gain recognition from the university. Please list additional UNH Manchester students below. SSN's are only used to verify student status. I understand that by signing this form the Student Organization Oversight Committee has permission to confirm my status at UNH Manchester. This information will be available as long as I involved with this organization.

1. Print Name: _____

**Last Four Digits of SSN: _____

Signature: _____

2. Print Name: _____

**Last Four Digits of SSN: _____

Signature: _____

3. Print Name: _____

**Last Four Digits of SSN: _____

Signature: _____

4. Print Name: _____

**Last Four Digits of SSN: _____

Signature: _____

5. Print Name: _____

**Last Four Digits of SSN: _____

Signature: _____

Organizations must choose an advisor from among the members of the UNH Manchester faculty or staff. The advisor should counsel an organization in the exercise of its purpose.

Name of Advisor: _____

Signature: _____

Address: _____

Phone: _____

Email: _____

Expectations

All members of student organizations are expected to conduct themselves, both on and off campus, as responsible members of the academic community and to respect the rights of other citizens. It is agreed that our student organization shall be responsible for adhering to the below expectations as well as the rules applying to student organizations as outlined in the *Student Rights, Rules, and Responsibilities Handbook*. As an officer of this organization, I will make sure that my members abide by all rules and regulations.

Hazing: Hazing, both psychological and physical, which includes but is not limited to exacting, disagreeable work; harassment by banter, ridicule, or criticism; and the use of abusive or humiliating actions by way of initiation, is prohibited. The implied or express consent of any person shall not be a defense in any action brought under this section (**University Rules of Conduct A-4, defined in RSA 631:7**)

Nondiscrimination: The University of New Hampshire does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, veteran's status, or handicap in admission or access to, or treatment or employment in, its programs or activities. (**University Administrative Policies and Regulations 10.1**)

Additionally, it is agreed that the office of student activities will be notified in writing of any changes of officers, name of organization, statement of purpose, or constitution. *You must provide TWO (2) signatures.*

Officer Signature: _____

Officer Signature: _____

Please sign and return this form to:

Jamie Saucier, Student Activities Coordinator

Room 310

Phone: 641-4395

Email: Jamie.Saucier@unh.edu



FOR OFFICE USE ONLY

Date received: _____

Received by: _____

Additional Comments: _____