



Student Organization Renewal Form

REQUIREMENTS

Student Organization Renewal Forms must be submitted annually and will be reviewed within 5-7 business days of submission. Organizations are required to have and maintain a President, Vice-President, Treasurer, and Secretary; with each being required to have and maintain a 2.5 Cumulative GPA during their tenure. Please attach an additional sheet with a roster of all organization members; include phone numbers, email addresses, and S- numbers. Organizations are required to submit current Constitution and Bylaws along with submission of this application. Failure to do so will render the application incomplete. Organizations are required to submit a meeting and activities calendar each semester.

ORGANIZATION INFORMATION

Organization Name: _____

Organization Website/Email/Facebook/Instagram/Twitter/Other: _____

Type of Organization:

- | | | | | | |
|---|---|----------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Chartered | <input type="checkbox"/> Honor | <input type="checkbox"/> Multicultural | <input type="checkbox"/> Political | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Residence Hall | <input type="checkbox"/> Service | <input type="checkbox"/> Special Interest | <input type="checkbox"/> Sports | <input type="checkbox"/> Spirit |
| <input type="checkbox"/> Greek (specify type, NPHC, social, music, etc.): _____ | | | | | |

Day/Time of Meetings: _____ Location of Meetings: _____

PURPOSE OF THE ORGANIZATION



OFFICER INFORMATION

President's Name: _____ **S-Number:** _____

Phone Number: _____ **SUBR Email Address:** _____

Personal Email Address: _____

Vice President's Name: _____ **S-Number:** _____

Phone Number: _____ **SUBR Email Address:** _____

Personal Email Address: _____

Treasurer's Name: _____ **S-Number:** _____

Phone Number: _____ **SUBR Email Address:** _____

Personal Email Address: _____

Secretary's Name: _____ **S-Number:** _____

Phone Number: _____ **SUBR Email Address:** _____

Personal Email Address: _____

Advisor's Name: _____ **S-Number:** _____

Phone Number: _____ **SUBR Email Address:** _____

Personal Email Address: _____

CERTIFICATION

In submitting this form, the members of my organization agree to comply with all policies, regulations, and procedures established by Southern University and A&M College, the Student Code of Conduct, and with all federal, state, and local laws.

Chapter President Signature Date

Chapter Advisor Signature Date

Coordinator of Student Organizations Signature Date

Dean of Students Signature Date