

**Lake Superior State University
Office of Campus Life**

Student Organization Registration/Update Form

(Please print or type and submit to the Office of Campus Life, 125 Cisler Center)

1. Official name of organization (please do not abbreviate): _____
2. Acronym or Nickname of Organization, if applicable: _____
3. List of local, state or national affiliations, if applicable: _____
4. List related academic department, if applicable: _____
5. Briefly explain the purpose of your organization (purpose to be more fully explained in the constitution):

6. If the organization is not open to all students, please list any special membership requirements:

7. Financial support is gained by (please check all that apply):
 Student Assembly Fundraisers Dues (specify amount): _____
 Other (please specify): _____
8. President Name: _____
President Email: _____
President Phone: _____
President Signature: _____ Date: _____
9. Advisor Name: _____
Advisor Email: _____ Advisor Phone: _____
Advisor Signature: _____ Date: _____
10. Day, time, & location of exec board/staff meeting: _____
11. Day, time, & location of regular meeting: _____

For Office of Office of Campus Life Use Only

Received by (please initial): _____	Date Received: _____
<input type="checkbox"/> New Organization Request	<input type="checkbox"/> Organization Update
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied: _____