

STUDENT ACTIVITY GROUP *RECOGNITION FORM*

The purpose of the Student Activity Group Recognition Process is to provide support to Student Activity Groups, provide for a variety of privileges to help Student Activity Groups succeed, and to maintain a status of all Student Activity Groups on campus to further involve current and prospective students.

Please refer to the *Student Activity Group Recognition Process* for Terms and Conditions as well as Privileges regarding Student Activity Groups.

1. Check the Student Activity Group status:
 Pre-existing Senate recognized group
 New group seeking Senate recognition

2. State the Student Activity Group's full name:

3. Is the Student Activity Group an organization, club, or event:
 Organization
 Club
 Event

4. Is the Student Activity Group associated or affiliated with a department on campus:
 Yes, department: _____
 No

5. State the Student Activity Group's purpose and/or mission statement:

6. State the Student Activity Group's president or presiding officer:

Name: _____ Phone: _____ Email: _____

7. List the other officers and their respective positions:

Name:	Position:
_____	_____
_____	_____
_____	_____
_____	_____

8. Identify the Student Activity Group's advisor:

9. State the Student Activity Group's short-term and long-term goals:

Short-term:

Long-term:

10. If an event, please list the location and date along with all resources that will be used:

11. Proposed Budget

The group's estimated budget for the year is \$_____.

12. Expected Events

How many events does the group plan to have throughout the year? _____

Please list any events the group plans to have:

13. Community Responsibility Agreement

The members of _____ agree to uphold and abide by the standards outlined in the Community Responsibility Statement.

Signatures:

Presiding Officer: _____

Advisor: _____

Date: _____

14. Student Activity Advisor Agreement

I, (PRINT) _____, understand the role of an advisor at Bethany Lutheran College as reflected in the Student Activity Advisor Statement. I agree to serve as the advisor to (Activity Group's Name) _____ until further notice.

Signature: _____ Date: _____

Department: _____

15. Membership Roster

Please attach a roster of group members.

*at least 5 names are required for initial recognition

16. Constitution

Please submit a digital copy of the Student Activity Group's current constitution.

Please direct questions to the Student Senate Chair of Internal Affairs

