Petition for University Recognition of the Proposed Student Organization
And Student Organization Information Sheet

Please provide all information requested. Upon completion of this form, please turn it in to the Office of Student Organizations for review. Your organization shall have the ability to meet in campus facilities, and have access to other such resources for organizational development. (Social Greek letter organizations will be required to submit more details.)

OFFICIAL ORGANIZATION NAME:

DATE: _______ Number of Current Members ______ TYPE OF ORGANIZATION: (Please check one)

___ Academic        ___ Honor Society        ___ Club Sport
___ Governing        ___ Special Interest      ___ Service/Philanthropic
___ Religious

Is this group a local chapter of a national/international organization?  YES  NO

ORGANIZATION HOMEPAGE ADDRESS: __________________________________________________________

DECLARATION OF PRESIDENT

I am aware of the responsibilities of a student organization president as outlined in the Student Handbook and I agree to serve as president for the above-named organization through the ________ academic term.

_________________________________________  ____________________________________________  __________

Full Name                                  E-mail                                      Student ID

________________________________________  ____________________________________________  __________

Local Phone Number                         Student's Signature                           Date

Faculty/Staff advisor: Eligibility and Role

All student organizations must have at least one qualified faculty advisor. Any full-time member of the university faculty or full-time professional administrator may serve as faculty/staff advisor to a student organization provided he or she has completed one year of service at UT Martin. Those persons not having one year of service must be approved by the University Council. Persons off campus with special interests or talents are permitted to serve as additional advisors to various student organizations with the approval of the University Council. A faculty/staff member who agrees to the request of a student organization to serve as its faculty advisor accepts responsibility for encouraging the organization in its purposes and activities within the limits of university policy. Faculty/staff advisors are responsible for being familiar with the following:

• This policy and other university regulations pertaining to student organizations and speakers.
• The constitution and purposes of the student organization they are advising.
• The activities and projects of their organizations.

The advisor should always be fully informed of any policy or program decisions reached at meetings at which the advisor is not present. (Page 49 of the Student Handbook)

DECLARATION OF ADVISOR

I am aware of the responsibilities of a student organization advisor as outlined in the Student Handbook and I agree to serve as advisor for the above-named organization through the ________ academic term.

________________________________________  ____________________________________________  __________

Faculty/Staff Advisor Name                  University Department/Office                  Campus Phone Number

________________________________________  ____________________________________________  __________

Campus E-mail Address                      Advisor's Signature                           Date
Signatures of Promoting Students (Must have a minimum of 10 signatures. By signing this form, you are indicating your intent to become an active member in this organization as stated in the attached constitution. You must have a minimum of a 2.0 GPA and in good overall standing with the University.):

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We hereby certify that the above-named organization will abide by and conduct all activities in accordance with state and federal law, the organization constitution and bylaws, and policies and procedures governing student organizations as formulated by The University of Tennessee at Martin and stated in the Student Handbook. Additionally, we, the undersigned certify that organization membership currently includes at least ten (10) or more students currently enrolled at The University of Tennessee at Martin and verify that the information appearing on this form is true and correct to the best of our knowledge. This information may be released for directory and mailing purposes, The Office of Student Life will receive written notification of any changes in the organizational constitution and bylaws, officers, advisors, or general status.

President’s Signature __________________________ Date ____________
Advisor’s Signature __________________________ Date ____________

IF THE ORGANIZATION IS IN ANY WAY AFFILIATED WITH A COLLEGE, SCHOOL, OR DEPARTMENT, THE AUTHORIZATION OF THE DEAN, DIRECTOR, OR CHAIR MUST BE OBTAINED.

DEAN OR DIRECTOR STATEMENT: “I have examined this student organization’s petition and the attached copy of the constitution and authorize their status as a student organization within our college/school.”

Dean/Director’s Name __________________________ School, College or Department __________________________
Dean/Director’s Signature __________________________ Date ____________

OFFICIAL USE ONLY

Date Received __________________________
Approved By __________________________ Date ____________