

# Application for NEW Student Organization Registration

All potential student organizations must complete the Application for Student Organization Recognition in order to be considered fully recognized by the Student Government Association, the Office of Student Life, and the Division of Student Affairs. Registration comes with eligibility to certain privileges that includes but is not limited to; access to Student Government funding, access to facilities on campus at no cost or at a reduced rate, publicity through the "Campus Life" tab on the College of Charleston home page, and the right to use the College's name and logo.

## General Information

Please fill out this form to the best of your ability. If you have any questions please contact the SGA Secretary at 843-953-5722 or visit the office in-person (Stern Student Center rm. 401) Should you have any questions.

Name of Organization [Required]

Type of Organization [Required]

Select all that apply

- Academic
- Alumni Associations
- Business
- Campus Recreation Sports
- Departmental
- Educational
- Event Planning
- Faith-Based
- Graduate
- Greek
- Honorary
- International
- Leadership
- Other
- Performing
- Political
- Residence Halls
- Services
- Special Interest
- Student Governance

Select Status [Required]

**NON-BUDGETED ORGANIZATIONS:** Organizations that would place restrictions on its membership (i.e. closed membership, must be a member of a local, state or national affiliate, must be a specific declared major, must maintain a certain GPA (beyond the College's "in good standing" standard 2.0 GPA), must pay dues to be a member. **ELIGIBLE FOR CONTINGENCY BUDGET**

No organization will be denied registered status based upon mission, religious or political affiliation.

Registered organizations are not eligible for a budget given by SGA, but it may be eligible to apply for contingency funds and may generate other funds.

**BUDGETED ORGANIZATIONS:** Organizations that are open to all students on campus. There are no membership requirements placed on these organizations.

**BUDGETED ORGANIZATIONS:** may apply for a budget and are also eligible to apply for contingency funds, generate their own funds, and have no financial accounts outside of the College of Charleston.

Valid input:

- Select only one choice.

Non-budgeted

budgeted

Purpose of Organization [Required]

Organization purpose must not duplicate the purpose of an existing organization

## Organization Information

Primary Contact Information [Required]

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.

- name@myschool.edu

First name:  
Middle initial:  
Last name:  
Email address:  
Phone number:  
Address:  
City:  
State:  
ZIP:

Financial Officer Name [Required]

Financial Officer Email Address [Required]

Financial Officer Phone Number [Required]

Organization Constitution [Required]

Please submit a copy of your organization constitution

National/ International Affiliation

If your organization/ Chapter is affiliated with a national or international organization, please include their contact information.

National/ International Constitution

If your organization/ Chapter is affiliated with a national or international organization, please submit a copy of that constitution in addition to your chapters local constitution (if applicable)

Insurance Information

If your organization/ Chapter is covered by any type of insurance please include their contact information

Certificate of Insurance

Please submit a certificate of insurance, name the College of Charleston as additionally insured.

## Responsibility and Verification

President Verification [Required]

I hereby certify the following:

- The purpose of this organization is legal.
- Activities to be engaged in by this organization conform to rules and regulations of the College of Charleston.
- Activities to be engaged in by this organization are compatible with the educational goals of the College of Charleston (see the Honor Code and The Compass for additional information).
- I understand and will comply with the requirements outlined in the SGA's Statement of Purpose
- I understand that it is my responsibility to guide and educate the members of my organization with regard to these policies.
- I am responsible for the information posted on my organizations OrgSync page, and will ensure the information posted to my OrgSync Page is accurate and up to date.

Valid input:

- Select only one choice.

I Agree

Advisor Name [Required]

The College of Charleston requires all registered student organizations to have an advisor. This must be a full time member of the staff, faculty, or administration.

Advisor Title [Required]

Advisor Location [Required]

Off-campus advisors are accepted for Greek Chapters and Faith Based Organizations only.

Valid input:

- Select only one choice.

- On-Campus
- Off-Campus

**Advisor Review [Required]**

Please include your advisor's email address here. They will then be required to review and then sign off on your registration before it is accepted by SGA and/ or the Office of Student Life.

Valid input:

- name@myschool.edu