



STUDENT ORGANIZATION RECOGNITION FORM

All organizations must complete and turn in the 2007-2008 Student Organization Recognition Form by September 28, 2007 to be recognized by the Student Activities Office (SAO) for the upcoming school year. Please note that organizations not recognized by the SAO are *not* eligible for Student Organization Advisory Council funding, free meeting space in University buildings, cubicle and locker space in the Student Organization Center, University workspace and email accounts, or inclusion in University events and promotional materials.

ORGANIZATION INFORMATION:

Organization Name: _____

Organization Category (select one): ___ Academic/Professional ___ Cultural/Ethnic ___ Greek Life
___ Honor Society ___ Political/Social Activism ___ Recreational/Special Interest ___ Religious/Spiritual

Project/Grant Number: _____ **Organization Email:** _____

Organization Website: _____

'06-07 Student Org Center Cubicle: _____ **'06-07 Student Org Center Locker number:** _____

*** Applications for cubicle and locker space for 2007-2008 are attached to this form.*

Do you have office/cubicle space elsewhere on campus? If yes, where? _____

Membership (number) UM-D Students _____ Faculty/Staff _____ Non UM-D _____

Officer Term (circle one): April – April January – December Other (please describe below)

ORGANIZATION MISSION (copy from your organization's constitution):

PLEASE LIST AWARDS AND HONORS RECEIVED IN THE 2006-2007 ACADEMIC YEAR.

DUE TO THE STUDENT ACTIVITIES OFFICE BY SEPTEMBER 28, 2007

OFFICER INFORMATION:

President: _____ **Student ID Number:** _____

Uniqname: _____ **Primary Phone:** _____

***This email address will be included on the Club and Organization listserv, student organization directory website, and it will be the official form of communication of the Student Activities Office.*

Address: _____ **Alternate Phone:** _____

City: _____ **State:** _____ **Zip:** _____

President's Delegate: _____ **Student ID Number:** _____

Uniqname: _____ **Primary Phone:** _____

Address: _____ **Alternate Phone:** _____

City: _____ **State:** _____ **Zip:** _____

ON-CAMPUS ADVISOR INFORMATION:

Advisor Name: _____ **Advisor Uniqname:** _____

Department: _____ **Campus Address:** _____

Telephone Number: _____

OFF-CAMPUS ADVISOR INFORMATION (IF APPLICABLE):

Advisor Name: _____ **Email Address:** _____

Address: _____ **Telephone Number:** _____

City: _____ **State:** _____ **Zip:** _____

ADDITIONAL DOCUMENTATION:

- Authorized signer forms must be completed in person in the Student Activities Office.
- Application for cubicle and/or locker space in the Student Organization Center if desired (see attached).

IMPORTANT INFORMATION

- In order to be eligible to receive recognition from the Student Activities Office, an organization's Project/Grant Number must have a positive balance. Please see the SAO for more details and clarification.

FOR SAO OFFICE USE ONLY	
Date received	_____
Date in DB	_____
Date on web	_____
Green Binder	_____
Handled by	_____
Authorized signer form	_____