2012-2013 UNH Manchester Student Organization Recognition Form

Please fill in every line legibly! If it does not apply to your organization write non-applicable or NA.

*Official Name of Organization: ________________________
________________________________
________________________________

*Statement of Purpose: ____________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What projects/events and/or services does your organization provide for the campus community? __________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

How do you recruit members to your organization? __________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

*When does your organization meet?
*Day & Time: ____________________________________________
*Location: ____________________________________________
*Group’s web presence? ________________________________

*Director/President Name: ________________________
*Phone: ______________________________________
Local Address: ____________________________
*Email: ______________________________________
**Student ID Number: 9 __ __ __ __ __ __ __ __
Signature: ________________________

Additional Organization Officers:

1. Position: ______________________________________
Name: ______________________________________
Phone: ______________________________________
Email: ______________________________________
Local Address: _______________________________
**Student ID Number: 9 __ __ __ __ __ __ __ __
Signature: ________________________

2. Position: ______________________________________
Name: ______________________________________
Phone: ______________________________________
Email: ______________________________________
Local Address: _______________________________
**Student ID Number: 9 __ __ __ __ __ __ __ __
Signature: ________________________

3. Position: ______________________________________
Name: ______________________________________
Phone: ______________________________________
Email: ______________________________________
Local Address: _______________________________
**Student ID Number: 9 __ __ __ __ __ __ __ __
Signature: ________________________

* This information will be released to the campus community.

**Student ID numbers are used to verify status. I understand that by signing this form, the University of New Hampshire at Manchester has permission to confirm that I am a student with at least a 2.3 GPA at UNH Manchester. This information will be available as long as I am an officer with this organization.
General Members
Please note: you must have at least five (5) total members (general and officers) to gain recognition from the University. Please list additional UNH Manchester students below. ID Numbers are only used to verify status. I understand that by signing this form the Office of Student Activities has permission to confirm my status at UNH Manchester. This information will be available as long as I involved with this organization.

1. Print Name: _____________________
   **Student ID Number: 9 __ __ __ __ __ __ __ __
   Signature: ________________________________

2. Print Name: _____________________
   **Student ID Number: 9 __ __ __ __ __ __ __ __
   Signature: ________________________________

3. Print Name: _____________________
   **Student ID Number: 9 __ __ __ __ __ __ __ __
   Signature: ________________________________

4. Print Name: _____________________
   **Student ID Number: 9 __ __ __ __ __ __ __ __
   Signature: ________________________________

5. Print Name: _____________________
   **Student ID Number: 9 __ __ __ __ __ __ __ __
   Signature: ________________________________

Organizations must choose an advisor from among the members of the UNH Manchester faculty or staff. The advisor should counsel an organization in its purpose.

Name of Advisor: _________________________
Signature: _______________________________
Address: _________________________________
Phone: _________________________________
Email: _________________________________

FOR OFFICE USE ONLY
Date received: ____________________________
Received by: ______________________________
Additional Comments: ___________________________________________________________

Expectations

All members of student organizations are expected to conduct themselves, both on and off campus, as responsible members of the academic community and to respect the rights of other citizens. It is agreed that our student organization shall be responsible for adhering to the below expectations as well as the rules applying to student organizations as outlined in the Student Rights, Rules, and Responsibilities Handbook. As an officer of this organization, I will make sure that my members abide by all rules and regulations.

Hazing: Hazing, both psychological and physical, which includes but is not limited to exacting, disagreeable work; harassment by banter, ridicule, or criticism; and the use of abusive or humiliating actions by way of initiation, is prohibited. The implied or express consent of any person shall not be a defense in any action brought under this section (University Rules of Conduct A-4, defined in RSA 631:7)

Nondiscrimination: The University of New Hampshire does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, veteran’s status, or handicap in admission or access to, or treatment or employment in, its programs or activities. (University Administrative Policies and Regulations 10.1)

Additionally, it is agreed that the office of student activities will be notified in writing of any changes of officers, name of organization, statement of purpose, or constitution. You must provide TWO (2) signatures.

Officer Signature: _________________________
Officer Signature: _________________________

Please sign and return this form to:
Jamie Saucier, Student Activities Coordinator
The Office of Student Activities | Room 108
Phone: 641-4395
Email: Jamie.Saucier@unh.edu
manchester.unh.edu/student-activities