



Claremont Graduate University

Student Life, Diversity & Leadership

SLDL & GSC STUDENT ORGANIZATION APPLICATION

1. The Organization

Organization Name: _____

Select One:

- Recognition:** mark this box if your group is new to CGU and is seeking to be recognized
- Annual Registration:** mark this box if your group was active during the last academic school year

2. Officers

All organizations are encouraged to have at least three officers, all of whom must be full-time students in good academic and disciplinary standing according to the policies of Claremont Graduate University. At the end of each academic semester, the Student Life, Diversity and Leadership Office will contact any student holding a leadership position in an organization who has been placed on academic probation.

Each organization should have:

- Primary Leader (President, Chair)
- Treasurer
- Graduate Student Council Liaison

If the officers change during the year, the organization must notify the Student Life, Diversity and Leadership Office of the change in writing no later than two (2) weeks after the change has taken place.

** Please note that while we encourage each group to have a president, treasurer and a GSC liaison, the president or chair of the organization can act as the treasurer and the Graduate Student Council liaison if necessary.*

Primary Leader: _____

Name	Email	Phone	Student ID#
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Treasurer: _____

Name	Email	Phone	Student ID#
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GSC Liaison: _____

Name	Email	Phone	Student ID#
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Advisor

The advisor must be full-time Claremont Graduate University faculty or staff or a TCCS staff member. An advisor may not be on sabbatical during the year for which you are registering. Advisors are required to complete a mandatory training.

Advisor: _____

Name	Email	Department	Phone
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3. Group Membership

Please include the names and student ID's of at least five students who are members of your organization. These students should not include the President/Chair, Treasurer, or Graduate Student Council Liaison.

**This section is only required for organizations that are completing an Annual Registration. Groups seeking recognition must submit the Student Interest Signature Sheet.*

Name: _____ Student ID: _____

Name: _____ Student ID: _____

Name: _____ Student ID: _____

Name: _____ Student ID: _____

Name: _____ Student ID: _____

Name: _____ Student ID: _____

Name: _____ Student ID: _____

Name: _____ Student ID: _____

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Name: _____ Student ID: _____

Name: _____ Student ID: _____

Name: _____ Student ID: _____

4. **Statement of Purpose**

An updated, typed copy and electronic copy of the organization's Statement of Purpose must be on file with the Student Life, Diversity & Leadership Office.

5. **Information for website**

Please submit to student.life@cgu.edu a short description (no more than 3 sentences) of your organization for the Student Life, Diversity & Leadership Office and GSC website. Please attach a logo, if you have one.

6. **Signatures**

As the leader of this organization, I am a full-time Claremont Graduate University student in good academic and disciplinary standing and will serve this organization from _____ (month/year) to _____ (month/year). As a leader of this organization, I understand that I will be responsible for the collective conduct of members of this organization during organization activities. I also understand that it is my responsibility to lead the organization according to the stipulations of this document and the policies outlined in the Claremont Graduate University Student Guide. I agree to attend the mandatory Student Leadership Summit and complete all relevant trainings required.

Primary Leader's Signature: _____ **Date:** _____

As the treasurer of this organization, I am a full-time Claremont Graduate University student in good academic and disciplinary standing and will serve this organization from _____ (month/year) to _____ (month/year). As the treasurer, I understand that I will be responsible for duties as outlined and will be held accountable to the Student Life and Diversity Office and the Claremont Graduate University Business Office on the management of this organization's funds, in line with the policies outlined in the Claremont Graduate University Student Guide.

Treasurer's Signature: _____ **Date:** _____

I agree to serve as the Advisor to the organization stated on this application. I verify that I am a full-time faculty or staff member of Claremont Graduate University. As Advisor of this organization, I agree to help the students of this organization whenever necessary in such areas as budgeting, leadership, organization, and upholding the club's mission, and will advise them regarding school policies. I also agree to complete mandatory Advisor training.

Advisor's Signature: _____ **Date:** _____

For Student Life, Diversity & Leadership Office Use Only

Confirmation Letter Sent: _____

Handbook Sent: _____

Email Account _____

