SLDL STUDENT ORGANIZATION APPLICATION

1.	The Organization						
	Organization Name: Select One:						
	Recogniti	on: mark this box	if your group is new to CGU and	d is seeking to be recognize	ed		
	Annual Re	enewal: mark this	box if your group was active du	uring the last academic sch	ool year		
2.	Officers						
	All organizations are encouraged to have at least three officers, all of whom must be enrolled CGU 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) 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 Leade		Farail.	Dhana	Chind and ID#		
		Name	Email	Phone	Student ID#		
	Treasurer:	Name	Email	Phone	Student ID#		
	GSC Liaison:						
		Name	Email	Phone	Student ID#		

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

3. Membership & Activities

Please include the names and emails of at least five students who are interested in participating in your organization. These students should not include the President/Chair, Treasurer, or Graduate Student Council Liaison.

How to Get Involved

Indicate the email address or link to a form sign-up for other students to connect with your organization.

Budget for Planned Activities

Attach a spreadsheet with your semester budget request. Include detailed information such as: Title or Topic of Activity, Estimated Date, Location, Purpose, Itemized Expenses. SLDL will review your budget proposal and inform you on approved amounts. Only items approved in advance will be eligible for reimbursement.

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 Claremo	ont Graduate University stud	ent 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 t	this application. I verify that	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 Advise	or training.			
	Advisor's Signature: Date:					
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