**Student Organization Re-Registration Form**

(Please print clearly)

**Name of Organization:** _________________________________________  
**Officer Title:** ________________________________  
**Name:** _____________________________________  
**Mailing Address:** (Mailbox # if on campus)  
___________________________________________  
___________________________________________  
**Phone/Cell Phone:** ___________________________  
**MiX E-Mail:** _________________________________________

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<th>Officer Title</th>
<th>Name</th>
<th>Mailing Address: (Mailbox # if on campus)</th>
<th>Phone/Cell Phone</th>
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Date ___________________________
PRESIDENT’S STATEMENT

"I certify that the preceding information is accurate. I have read the Student Organizations section of the Student Handbook, the WVU Student Conduct Code, and the West Virginia Anti-Hazing Law, and understand that as the president of this organization, I can be held responsible for its actions."

_________________________________________          ________________________________
President's Signature                     Co-Advisor (if applicable)

_________________________________________          ________________________________
Please Print Name            Please Print Name

ADVISOR’S STATEMENT

"I have reviewed the following section pertaining to organization advisors and agree to serve as the advisor to this organization."

1. All student organizations are required to have an advisor who is a full-time College staff or faculty member.
2. Student organizations should consult with advisors on all matters involving activities, budgeting, and policy.
3. All requests for permission to solicit funds on campus, reserve campus facilities or property for special events and to request funds from the Student Government Association must include the advisor’s written approval. Student Affairs reserves the right to require the advisor’s written approval for all other events on a case by case basis.
4. Advisors are expected to be actively involved in the affairs and operation of the organization.
4. Notification of change of advisors must be submitted in writing to the Student Engagement & Leadership office within 2 weeks of change.

_________________________________________          ________________________________
Advisor’s Signature                     Co-Advisor (if applicable)

_________________________________________          ________________________________
Please Print Name            Please Print Name

Please return to Jeremy Kaler in the Office of Student Involvement by
Friday, September 25th by 12:00 pm
Membership Roster

Please include Full Name (no nicknames please) of ACTIVE Members for your Organization