Student Organization Registration

Student Activities
1328 Dover Rd.
Wooster, Ohio 44691
Phone (330) 287-1283

Check all that apply:  ____ Annual Registration  ____New Organization  ____New Advisor

Organization Name  ______________________________________________________________________

Number of Members  ____ 1-25  ____25-50  ____50-100  ____100-150

President
Name ___________________________  Phone __________________
E-mail __________________________

Treasurer
Name ___________________________  Phone __________________
E-mail __________________________

Primary Advisor
Name ___________________________  Phone __________________
E-mail __________________________

Secondary Advisor
Name ___________________________  Phone __________________
E-mail __________________________

Submit registration with constitution. The information presented above is complete and accurate. The above-named student organization agrees to comply with Federal Title IX requirements, the University Nondiscrimination Policy, the University Anti-Hazing Policy, the University Student Code of Conduct, and all other policies governing student organizations and related activities, as published by The Ohio State University.

X_________________________  __________________________
Signature of Primary Advisor  Date ________________

X_________________________  Signature of Student Activities Program Coordinator
Heather Rakosik

*A new form is required each school year.*