

STUDENT SENATE ORGANIZATION APPLICATION FOR CATEGORY CHANGE AND RE-RECOGNITION

Revised 09/09

This Application Must be Completely Filled Out before it can be considered by the S.O.A.R.C. Committee!

1. Organization name: _____

2. Purpose for filing: *(check all that apply)*

application for change of recognition status annual application

3. Membership:

Number of URI Undergraduate Student members _____

Number of Associate (faculty, graduate, staff, etc.) members _____

4. Please give contact information for your organization:

Name of student contact person: _____

Contact phone number: _____

Contact Email address: _____

May we publish this contact information? yes no

5. Does your organization have an advisor? yes no

Please give contact information for your organization's Advisor:

Name of student contact person: _____

Contact phone number: _____

Contact Email address: _____

6. Does your organization have an office? yes no – If “yes,” where? _____

Does your organization have a phone? yes no – If “yes,” #? _____

7. Please explain how your organization will uniquely benefit the URI Community. Include annual events and other distinguishing activities. This will be used in publications if the organization receives a change in recognition or receives re-recognition. Attach typed explanation.

8. Attach copies of any materials that indicate level of activity and outreach. Please include all minutes from group meetings and attendance records. This is mandatory for all groups filling out this set of paperwork.

9. Please list all of the officers, in accordance with your constitution (the model constitution provides for four **required** positions):

A.	Position held: <u>President</u>	Name: _____
	E-mail address: _____	
	Phone number: _____	

B.	Position held: <u>Treasurer</u>	Name: _____
	E-mail address: _____	
	Phone number: _____	

C.	Position held: _____	Name: _____
	E-mail address: _____	
	Phone number: _____	

D.	Position held: _____	Name: _____
	E-mail address: _____	
	Phone number: _____	

9. Certification: By signing this document, I certify that all of the information on this application is true and accurate to the best of my knowledge. If there is a change in any of the information provided, I understand that notification must be given to the SOARC chairperson within one week. Failure to report any changes may result in the suspension of recognition of this organization.

Preparer: _____ Phone #: _____ Date: _____
(please print)

Signature: _____ Email address: _____

(To be completed by SOARC):
SOARC Chairperson's Signature _____ Date Signed _____