

Category: \_\_\_\_\_  
(To Be Completed by SOARC)

# STUDENT SENATE ORGANIZATION APPLICATION FOR CATEGORY CHANGE AND RE-RECOGNITION

Revised 09/11

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: President Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

B. Position held: Treasurer Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

(Optional)  
C. Position held: \_\_\_\_\_ Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

(Optional)  
D. Position held: \_\_\_\_\_ Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

10. **Attention Category S:** Instructor Certification: If this group is being recognized as a Category S, that is to say that your organization will provide lessons accessible to all students where they can learn a particular skill and you would like funding to go towards instruction please attach proof of instructor's experience and/or training.

11. I have updated my group's information on uri.edu/studentorg/ \_\_\_\_\_ Initial

12. 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: \_\_\_\_\_

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(To be completed by SOARC):

SOARC Chairperson's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Vote \_\_\_\_ / \_\_\_\_ / \_\_\_\_