ORGANIZATION RECOGNITION FORM

INDIANA UNIVERSITY OF PENNSYLVANIA
Center for Student Life, Office of Student Leadership and Greek Life
303 Pratt Hall 724/357-2598
www.iup.edu/organizations

Recognized organizations must file the Organization Recognition Form with the Center for Student Life (CSL), 303 Pratt Hall, upon seeking university recognition, **or** by September 30th of each year to renew university recognition. The organization president listed on this form is responsible for ensuring that a revised form is completed and filed within 30 days following the election or appointment of a new president or advisor. Thank you for your cooperation in completing and submitting this form in a timely fashion.

*** Indicates information to be displayed on the IUP website (Name, Telephone, Email) unless a specific request is made.**

PRINT or TYPE LEGIBILY

***Full name of organization** _____

***Web page address** (if applicable) _____

Approximate date of next election of officers _____

***President** _____Telephone_____
President's local address _____ IUP E-mail____._____._____@iup.edu

Vice President _____
Telephone_____
IUP E-mail____._____._____@ iup.edu

Secretary _____
Telephone _____
IUP E-mail____._____._____@iup.edu

Treasurer_____
Telephone _____
IUP E-mail____._____._____@iup.edu

Educator _____
Telephone_____
IUP E-mail____._____._____@ iup.edu

Social Chair _____
Telephone _____
IUP E-mail____._____._____@iup.edu

***Faculty/Staff Advisor** _____
Telephone _____
Address _____
IUP E-mail_____@iup.edu

***2nd Advisor**_____ Telephone_____

Address _____ E-mail _____

Please circle one. faculty/staff non-IUP employee** (alumni, volunteer coach, etc)

** In connection with volunteer service with IUP, a background investigation is required of all advisors who are not employees of IUP. The organization president listed on this form is responsible for reporting correct information and the CSL will coordinate the completion of the necessary forms. For more information, visit the Volunteerism Policy at http://www.iup.edu/humanresources/policies/default.aspx.

Under which category is your group seeking recognition? (Please circle one)

Club Sport	*Communications & Publications*	*Departmental*	*Governance*
Greek Sorority or Fraternity	*Honorary/Recognition*	*Professional*	*Programming Board*
Recreational Sport	*Religious*	*Service*	*Special Interest*

SIGNATURES AND AGREEMENTS

"We certify that the above information is correct. The CSL is hereby authorized to confirm the good standing academic status of the above-listed president. We have read and understand the IUP Anti-Hazing Policy as it appears in *The Source*: *A Student Policy Guide* and verify that all applicable activities sponsored by our organization are in compliance with this policy. The signing of this document by the officers was witnessed by the advisor."

_____ _____ _____
Signature of educator* Date ***Signature of president*** Date ***Signature of advisor*** Date

*****Applicable for organizations with pre-membership or pre-initiation requirements only.**

FOR OFFICE USE IN RECOGNIZING A NEW ORGANIZATION ONLY

Type: Club Sport____ Communications & Publications____ Dept.____ Governance____ Greek Sorority____ Greek Fraternity____
Honorary/Recognition____ Professional____ Programming Board____ Recreational Sport ____ Religious____ Service____ Special Interest____

Received by CSL	Submitted to SGA Rules Committee	Approved by SGA Rules Committee	Resubmitted to CSL	Approved by CSL	Notification of approval sent
Signature	Signature	Signature	Signature	Signature	Signature
Date	Date	Date	Date	Date	Date