

**OFFICE OF STUDENT ENGAGEMENT AND LEADERSHIP
PETITION FOR STUDENT ORGANIZATION
UNIVERSITY RECOGNITION**

DATE: _____

NAME OF ORGANIZATION _____

PURPOSE _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

WEBSITE ADDRESS _____

MEMBERSHIP REQUIREMENTS (i.e: graduate students only, pledging is required, a certain GPA is required, etc) _____

CURRENT MEMBERSHIP SIZE _____

INITIATION FEE _____

ANNUAL DUES _____

CLASSIFICATION:

- | | | |
|---|--|--|
| <input type="checkbox"/> Business & Economics | <input type="checkbox"/> Eberly College of Arts & Sciences | <input type="checkbox"/> Political & Environmental |
| <input type="checkbox"/> College of Physical Activity & Sports Sciences | <input type="checkbox"/> Education & Human Services | <input type="checkbox"/> Reed College of Media |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Engineering | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Cultural & International | <input type="checkbox"/> Fraternity | <input type="checkbox"/> Service |
| <input type="checkbox"/> Davis College of Agriculture, Natural Resources & Design | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Sorority |
| | <input type="checkbox"/> Honorary | <input type="checkbox"/> Sports & Recreation |
| | <input type="checkbox"/> Law | <input type="checkbox"/> Topical & Professional |
| | <input type="checkbox"/> Military | |

AFFILIATION – a constitution for the national or state organization must be submitted

Affiliated with an international/national organization
Name: _____
Address: _____

Affiliated with a state organization
Name: _____
Address: _____

Affiliated with a West Virginia University college or department
Department Name: _____

***Please Note: Any organization undertaking international travel is required to meet with the WVU Office of International Programs to facilitate their travel plans.**

SCHEDULED MEETINGS: (if known at this time. If not, leave blank)

Location_____

Frequency_____

Day & Time_____

ELECTIONS: Month of Election_____

Term of Office_____

OFFICERS: (Must be full time student at WVU main campus with at least a 2.5 cumulative G.P.A.)

PRESIDENT

Name_____

Address_____

City/State/Zip_____

E-Mail_____ Phone_____

VICE PRESIDENT

Name_____

Address_____

City/State/Zip_____

E-Mail_____ Phone_____

SECRETARY

Name_____

Address_____

City/State/Zip_____

E-Mail_____ Phone_____

TREASURER

Name_____

Address_____

City/State/Zip_____

E-Mail_____ Phone_____

ADVISOR (Must be a full time staff member. Medical Corporation employees are not eligible)

Name_____

Department_____

Position_____

Address_____

Phone_____

E-Mail_____

PRESIDENT'S STATEMENT: "I certify that the preceding information is accurate. I have read the Requirements for Student Organizations, the West Virginia University Student Conduct Code, and the West Virginia Anti-Hazing Law, and I understand that as the president of this organization, I can be held responsible for its actions. I understand I must maintain at least a 2.5 cumulative GPA and fulltime status during my tenure. I consent that my contact information may be provided to individuals upon request at the discretion of the Student Engagement Staff members. I understand my contact information will be included in the Fresh Start Survey."

President's Signature **Date**

President's Printed Name **Date**

ADVISORS:

1. All student organizations are required to have an advisor who is a full time staff or faculty member of the University (WVU Morgantown campus)
2. Student organizations should consult with advisors on all matters involving activities, budgeting, and policy.
3. All requests for permission to solicit funds in campus, reserve space in facilities and to request funds from Student Administration Bureau of Finance, must include the advisor's written approval.
4. Any organization undertaking international travel is required to meet with the WVU Office on International Programs to facilitate their travel plans.
5. Advisors are expected to be actively involved in the affairs and operation of the organization.
6. Notification of change of advisors must be submitted in writing to the Student Engagement Office within 2 weeks of change.

ADVISOR'S STATEMENT: "I have examined this student organization petition and the attached copy of the constitution, and I am willing to serve as advisor to this organization."

Advisor's Signature **Date**

Advisor's Printed Name **Date**

IF THE ORGANIZATION IS IN ANY WAY AFFILIATED WITH A COLLEGE, SCHOOL, OR DEPARTMENT, THE AUTHORIZATION OF THE DEAN, DIRECTOR, OR CHAIR MUST BE OBTAINED.

DEAN OR DIRECTOR STATEMENT: "I have examined this student organization's petition and the attached copy of the constitution and authorize their status as a student organization within our college/school."

Dean/Director's Signature **Date**

Dean/Director's Printed Name

School, College or Department

GPA CHECK
Office Use Only
