Organization Name:
Include full name and abbreviation

Type of Organization:
Select only one Organization type. If you are not sure, you can check the descriptions that are located on the Student Center Website. If you wish to re-evaluate your category, please check with director of the Student Center.

- Educational/Professional
- Honorary
- International/Cultural
- Recreational
- Religious
- Service
- Social
- Special Interest
- Governance/Political
- Health Care (must also be selected if you have a service project, or provide health care within your events/mission)

What clinic are you affiliated with or your event:

Officers
List all officers in your organization as well as their title; designate two that will be the main contacts by checking the box. The titles for the officers should be suited for your organization and can be changed, the below is a guide. Be sure to complete all the fields.

<table>
<thead>
<tr>
<th>Title</th>
<th>Name &amp; Outlook Email Address</th>
<th>Cell Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice President</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adviser/Affiliations
List all advisors. Include their name, department and affiliation with your organization. Include their email and phone number.

Website & Social Media Information
If your organization has a website or social media link – please list the URL address for all of them:
Mission Statement/ Purpose
Define your organization and its goals. This statement will be used on the web.
Attach your organization's Constitution/By Laws with your registration paperwork.

☐ Check if your statement about your organization has changed from the previous year or is new. If changed or new, email it to suzette.smith@utsouthwestern.edu.

National, State, Regional, Community or Academic Department Affiliations

Source of Funding:
List all affiliations and any source of funding, including membership dues in which you receive along with your budget.
Include if you plan on holding fundraisers for your group and what they will be if you know.

Programs/Activities
Provide a brief statement of major activities in which your organization plans to organize this year and the timeframe:

Clinical or Community Component
Provide a brief detail if your organization will be working in the community and/or administering health care information or services. Your organization must have an advisor and each of your officers will be required to attend a special information session. List faculty or staff that support you with your clinical or Community projects. Designated if you do actual patient care vs community volunteerism.

Participation in United to Serve
Does your organization plan to be active in UTS? In which section would you like to participate? Please list your contact for this event.

Travel
List any conferences or trips that your organization plans to do during this academic year.
All Travel is subject to approval and University Policies must be followed. International travel requires at least two months lead time. Domestic Travel requires a 4 week lead time for approval. An Intent to Travel form must be completed for travel as well.

Membership Distribution
List the estimated number of members in your organization. Membership is limited to students, residents, staff and faculty. Membership may not be denied on the basis of race, color, religion, national origin, gender, age, disability, citizenship, veteran status, sexual orientation, gender identity or gender expression.

<table>
<thead>
<tr>
<th>Students:</th>
<th>Residents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty:</td>
<td>Staff:</td>
</tr>
</tbody>
</table>

I have received a copy of the Handbook for Registered Student Organizations and agree that my organization will comply with all UT System and UT Southwestern Policies. The manual is also on the website: www.utsouthwestern.edu/studentcenter.

Authorized Representative’s Signature
Date
(May be electronic)

Printed Name