



The University of Texas Southwestern Medical Center
STUDENT ORGANIZATION REGISTRATION FORM

2019-2020

Student Center Staff Only:
Date Received: _____
Web: _____ Emails: _____
Travel: _____ UTS: _____
Community Service: _____
Fund Raisers: _____

Organization Name:

Include full name and any abbreviation that you use for your Student Organization:

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
- Recreational
- Social
- Honorary
- Religious
- Special Interest
- International/Cultural
- Service
- Governance/Political

Health Care (must also be selected if you have a service project, or provide health care within your events/mission)

What clinic or location are you affiliated with or where is your event scheduled:

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.

Title	Name & Outlook Email Address	Cell Number
<input type="checkbox"/> President		
<input type="checkbox"/> Vice President		
<input type="checkbox"/> Treasurer		
<input type="checkbox"/> Secretary		
<input type="checkbox"/> Other		
<input type="checkbox"/> Other		

Adviser/Affiliations

List all advisors. Include their name, department and affiliation with your organization. Include their email and phone number. An advisor is not required for an organization unless you are involved in health care projects.

Mission Statement/ Purpose

Define your organization and its goals. This statement will be used on the web.

Attach your organizations Constitution/By Laws with your registration paperwork if you have made changes.

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.

Website & Social Media Information

If your organization has a website or social media link – please list the URL address for all of them.

Source of Funding:

National, State, Regional, Community or Academic Department Affiliations

List all affiliations and any source of funding, including membership dues in which you receive along with your budget.

Fundraising:

Do you plan on holding fundraisers for your group and what will they 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 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? YES NO

In which section would you like to participate? Please list your contact for this event.

Travel

Does your organization travel? YES NO

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. **Travel Rules have changed for 2019-2020! Plan ahead!!!**

Membership Distribution

List the estimated number of members in your organization. Membership is limited to students, residents, staff and faculty. Member ship 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.

Students:

Residents:

Faculty:

Staff:

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