Office Use: _____ Date Rec'd: _____ Category: _____

STUDENT GOVERNMENT APPLICATION FOR REGISTRATION

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

OFFICE OF STUDENT SERVICES

Organization Name: _____ Number of Members: _____

Organization Officers:

Organization Office	Name	Email

Organization Advisor: _____

*Official Organization Campus Mailing Address: _____

**Notify the Office of Student Services immediately if a change of address occurs.*

What month are new officers elected? _____ Meetings Date(s): _____

Frequency of Meetings: Weekly _____ Bi-Monthly _____ Monthly _____

Declaration of Advisor

I am aware of the responsibilities of a student organization advisor. Providing registration is granted, I agree to serve in this role for the above-named organization throughout the _____ academic year.

_____ _____ (_____)_____

Signature of Advisor Campus Address Campus Phone #

Title IX of the Educational Amendment of 1972, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 prohibit discrimination on the basis of race, national origin, creed, age, sex, marital status, and handicap in student organizations on campuses throughout the nation. The only exceptions to Title IX compliance are national sororities and fraternities.

It is hereby certified that the above named organization, its constitution, rules, regulations and policies will abide by and conduct activities in accordance with state and federal law, as well as the policies and procedures governing student organizations as formulated by the Paul L. Foster School of Medicine at Texas Tech University Health Sciences Center El Paso. It is further certified that the information appearing above is true and correct and may be released as directory information.

_____ _____

Date Signature of Organization President