



Alcorn
State University

Office of Student Engagement
1000 ASU Dr. #180, Alcorn State, MS 39096

REGISTERED STUDENT ORGANIZATION APPLICATION

Academic Year _____ Date _____

Organization Name: _____

Complete Address: _____

Objective(s): _____

Present Member Enrollment: _____

(Number of Members in the Organization)

Advisors: [Primary & Co-Advisor]: _____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Person Submitting Application: Name _____

Title _____

Dormitory _____

Room # _____ Phone # _____

Officers / Titles: _____, _____

_____, _____

_____, _____

_____, _____

_____, _____

_____, _____

Do Not Write Below This Line

Approved by: _____, Director of Student Engagement

_____, Director of Religious Life (Rector)



Alcorn
State University

Office of Student Engagement
1000 ASU Dr. #180, Alcorn State, MS 39096

Advisor (s): Roles and Responsibilities

Each student organization is required to have at least two (2) advisors, one primary and one secondary advisor. The advisor on record must be a faculty or staff member of Alcorn State University. One advisor must be present during all meetings, activities, and university sanctioned group programs sponsored by the organizations.

1. Working with the student organization in planning, executive, and evaluating activities of the organizations;
2. Monitoring business transactions, financial records, group accounts, and group records and approving/authorizing appropriate expenditures;
3. Guidance and counseling with student members;
4. Providing continuity in the student organization as it experiences membership and officer's transition;
5. Interpret university regulations, student organization policies, local, state, and federal laws;
6. Monitor the academic performance of the members and officers;
7. Assist students in an assertive matriculation of academic performance;
8. Encourage students to exhibit exemplary leadership, social, character and moral skills.
9. Assist the students in finding unique and enriching experiences, while encouraging them to attend professional and graduate schools.

NAME of ORGANIZATION: _____

Statement of Compliance.....and Signatures of Consent.....

- A. As Advisor, /Co-Advisor; I affirm that the organization agrees to:
1. Bear the responsibility for planning and implementing its affairs in accordance with University regulations;
 2. Comply with the university's mission and affirmative action policy.
- B. I have consented to be Advisor to the Organization listed above for the _____ A/Y.

Advisor's Name (print)	Department	Campus Phone
------------------------	------------	--------------

Advisor's Signature	Date
---------------------	------

Co-Advisor's Name (print)	Department	Campus Phone
---------------------------	------------	--------------

Co-Advisor's Signature	Date
------------------------	------