

Valparaiso University

STUDENT SENATE

Student Union Building, Valparaiso, IN 46383 (219) 464-5524

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ORGANIZATION RECOGNITION FORM  
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Organization Name: _____ Year: _____

Organization Officers:

NAME	TITLE	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Organization Advisor:

NAME	TITLE	PHONE
_____	_____	_____

1. Please attach a copy of your CONSTITUTION and/or BYLAWS and/or CODES
2. Please note any recent changes to your constitution or bylaws on back of sheet
3. The benefits of recognition are contingent upon the timely submission of this form to the Student Senate Office or Administration Chair and consideration by the Administration Committee of Student Senate
4. Your constitution must include a clause, which specifies membership that will be on the basis of individual merit, free from discrimination because of race, national origin, or disability.

Valparaiso University Student Senate will not be liable for any accidents or injuries that might occur during an organization's sponsored activity.

Signature of Principle Officer: _____

Signature of Advisor: _____

For Administration Committee Use Only:
Currently Recognized?
Currently on file?
Approve for Re-rec?
If no, notified principle officer and advisor:
Admin Chair Signature

