

# UNIVERSITY OF DELAWARE

## APPLICATION FOR REGISTERED GRADUATE STUDENT ORGANIZATION FORM

Name of Organization: \_\_\_\_\_

Organization meeting times and locations (optional): \_\_\_\_\_

Approximate # of full-time students: \_\_\_\_\_ Approximate # of part-time students: \_\_\_\_\_

Six graduate students must read below then type or print neatly all information requested.

### Statement of Responsibility

We, the undersigned, as members of this organization, are authorized to act on its behalf and to access/reserve University facilities and services for this organization. We agree to comply with all university policies and procedures, and to share this information with all members. We agree to ensure that the organization abides by all local, state, and federal laws. As official representatives we understand that we may be held jointly and/or individually responsible for the activities and behavior of the organization and liable for all incurred debts and obligations to the University. We certify that the information on this form is accurate and will be kept current, and that membership is limited to: **matriculated graduate students and will not be restrictive on the basis of race, creed, color, gender, age, religion, national origin, disabled status, or sexual orientation.** Violation may lead to suspension of registration.

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University Advisor (full-time faculty or professional staff)

Name:  
Campus Dept:

Signature:  
Email Address:  
Phone #:

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1. President/Primary Contact:

Name:  
Campus Dept:

Signature:  
Email Address:  
Phone #:

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2. Vice President/Secondary Contact:

Name:  
Campus Dept:

Signature:  
Email Address:  
Phone #:

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The University reserves the right to audit organization financial records. University funds must be maintained in a University authorized account.

3. Treasurer:  
Name:  
Campus Dept:

Signature:  
Email Address:  
Phone Number:

4. Secretary/Recorder  
Name:

Signature:  
Email Address:

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5. Other Officer or Member  
Name:

Signature:  
Email Address:

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6. Other Officer or Member  
Name:

Signature:  
Email Address:

OFFICE USE ONLY

Date:  
Initial/Re-Registration  
Approved: