

### TEXAS SOUTHERN UNIVERSITY THURGOOD MARSHALL SCHOOL OF LAW

#### ORGANIZATION REGISTRATION

# File Completed Forms in the Office of Student Affairs Academic Year:

File Date: \_\_\_\_\_

- 1. NAME OF ORGANIZATION:
- 2. ADVISOR'S NAME:

#### 3. OFFICER'S INFORMATION

TITLE	NAME	PHONE #	EMAIL

#### **3 A. MEMBERS' INFORMATION (MAY ATTACH LIST TO THIS APPLICATION)**

NAME	PHONE #	EMAIL	

<ul> <li>4. Name of National Affiliation (if any)</li></ul>			
6. Service Projects	Describe (one required	d per year)	
7. Purpose(s) of Org	ganization		
8. Qualifications fo	r membership:		
	·		
9. Fees or Dues:			
10. Meeting times a	and places:		
11. Type of Organiz	zation (mark one)		
Academic	Honor	Professional	
Religious	Service	Social	

# Please attach the following: (Application will not be approved unless all 5 are submitted)

- Organization constitution or charter. (Check with Student Affairs Office. We may have one on file)
- 2. Organization by-laws. (Check with Student Affairs Office. We may have one on file)
- 3. List of all current members (minimum 10, including officers)
- 4. Calendar of Events for your Organization for the Academic Year.
- 5. Faculty Advisor form completed. (You may submit this in the fall if your advisor is away for the summer. In the alternative, you may have your advisor e-mail the Student Services Office at <a href="mailto:studentaffairs@tmslaw.tsu.edu">studentaffairs@tmslaw.tsu.edu</a> stating that he/she agrees to be your advisor).

Please submit the completed form to the Office of Student Services, Mr. Daniel Nnamani, in person or by email at <u>studentaffairs@tmslaw.tsu.edu</u>.

## ALL FORMS MUST BE COMPLETED AND TURNED IN TO BE CONSIDERED AN ACTIVE ORGANIZATION AT THURGOOD MARSHALL SCHOOL OF LAW



#### STUDENT ORGANIZATION FACULTY ADVISOR

Faculty advisors are more than a pro forma requirement. Faculty advisorships are both beneficial and time consuming. Student organizations should make every effort to recruit faculty members who have the time and are willing to make the commitment necessary to carry out the responsibilities and duties of a faculty advisor. This assures the organization of more attention from its advisors and allows the organization and its advisor to receive the full benefits of the relationship. (A minimum of one Advisor required).

Organization:

This is to certify that	and
	agree to serve as faculty advisors for the above named student
organization for the	academic year.

As a faculty advisor to the above named student organization. I agree to faithfully discharge the responsibilities as outlined in the Thurgood Marshall School of Law policies governing student organizations. I further agree to: 1) assist the organization in the development and implementation of its programs 2) attend appropriate functions and 3) affix my signature to all requests for space and authorization for activities.

Faculty Advisor: (signature)				
Faculty Advisor: (signature)				
Faculty Advisor Contact Information:				
Name				
Office Phone Number	Office Room Number			
Email:				
Office Phone Number	Office Room Number			
Email:				