

**ORGANIZATION REGISTRATION  
TEXAS SOUTHERN UNIVERSITY  
THURGOOD MARSHALL SCHOOL OF LAW**

*File Completed Forms in Dean Mouton's Office*

*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

4. **Name of National Affiliation (if any)** \_\_\_\_\_

5. **Brief description of Organization:** \_\_\_\_\_

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6. **Service Projects Describe (one required per year)**

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7. **Purpose(s) of Organization** \_\_\_\_\_

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8. **Qualifications for membership:** \_\_\_\_\_

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9. **Fees or Dues:** \_\_\_\_\_

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10. **Meeting times and places:** \_\_\_\_\_

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11. **Type of Organization (mark one)**

Academic \_\_\_\_\_ Honor \_\_\_\_\_ Professional \_\_\_\_\_

Religious \_\_\_\_\_ Service \_\_\_\_\_ Social \_\_\_\_\_

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

1. 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 Affairs Office stating that he/she agrees to be your advisor).  
[vmouton@tmslaw.tsu.edu](mailto:vmouton@tmslaw.tsu.edu)

**ALL FORMS MUST BE COMPLETED AND TURNED IN  
TO BE CONSIDERED AN ACTIVE ORGANIZATION AT  
THURGOOD MARSHALL**



## 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: \_\_\_\_\_

Name \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Office Room Number \_\_\_\_\_

Email: \_\_\_\_\_