

Introduction

To become a registered student organization at Southern Adventist University, follow these steps:

1. Complete this form. The deadlines for both semesters are:
 - **September 7, 2015 for continuing and returning organizations**
 - **September 14, 2015 for new organizations**
 - **January 25, 2016 for 2nd semester new organizations**
2. Submit an electronic copy of the organization's Constitution and By-Laws to kshultz@southern.edu.
3. Return the completed form to the Office of Student Life & Activities (OSLA) in the Student Services office. If there are any questions, please contact the Director of Student Life & Activities, Kari Shultz. A notice of approval by the Student Activities Committee will be sent to the President and Adviser via e-mail.

Important Dates

- **September 17, 2015 Required Presidents Meeting, Presidential Banquet Room**
- **January 28, 2016 Required Presidents Meeting, Presidential Banquet Room**

Eligibility

Registration of student organizations is an ANNUAL process (*this form is for the period of August 2015 through May 2016*) that entails responsibilities and confers rights, including access to University facilities. Groups may register during any semester, but are encouraged to register in the Fall semester.

Officer Eligibility

Minimum qualifications for holding office in any student organization and university committees are:

- Be a current student
- Maintain a minimum cumulative grade point average of 2.00.
- Maintain a record of good citizenship

Your signature on the registration form means that your organization agrees to comply with all University policies regarding student organizations. If at any time the organization no longer meets eligibility, it is no longer entitled to the privileges granted to registered student organizations and is obligated to inform the Office of Student Life & Activities.

The organization should:

- Be composed of students enrolled at Southern Adventist University.
- Be related to student life on campus.
- Be controlled and directed by students attending Southern Adventist University. At least three student leaders must be listed on this form in addition to an adviser.
- Enlist the support of a faculty or staff member to be an adviser who is employed on a full-time basis with the University.
- Prepare a Constitution that outlines your organization name, purpose, governance/operating procedures.
- All dues/funds raised for the organization should be deposited in the University Cashiers office.
- Participate in regular community service activities.
- Abide by all regulations specified in the Student Organization Handbook.

Each student organization is responsible for assuring that its membership procedures and service provisions are nondiscriminatory.

Instructions

Section A - Organization Information

1. Organization Name - Full name of the organization.
2. Shortname - Must be 10 Characters or Less. This will be used for database management and online searching.
3. Read all classifications and select the box that appropriately describes the status of the organization.
 - New Organization (*Student Organization has never been registered with the Office Student Life & Activities*)
 - Continuing Organization (*Organization was an active Student Organization at the end of Spring 2015*)
 - Returning Organization (*Organization was NOT an active Student Organization at the end of Spring 2015 but has registered previously*) Please use the exact name of organization on file in the OSLA.
4. Organization Purpose - This concise statement could be published in various locations (*i.e. Orientation materials, Southern's website, various student organization listings, etc.*).
5. Organization Type - Listed below are eight categories by which student organizations can be classified in the OSLA database and other publications. Select the **ONE** category that best describes your organization.
 - Academic/Educational - Serve to meet the academic and educational needs of students
 - Ethnic/Cultural - Focus on ethnic, cultural, and diversity issues, and meet the needs of minority or under-represented students
 - Honor/Recognition - Serve as honoraries or recognize significant academic, service and/or leadership
 - Recreational/Sports - Serve the recreational needs of students
 - Religious/Spiritual - Focus on meeting the spiritual needs of students
 - Service - Provide opportunities for student involvement in community service and service-learning
 - Social - Meet the needs of students in social settings
 - Special Interest - Meet the needs of students' varied interests
6. Organization Makeup - Check the box that represents the primary type of students in the organization.
7. Membership Requirements - List any requirements for membership eligibility.
8. Number of Members - Indicate the number of signed-up members by the categories provided.
9. Typical Activities - List the types of activities that your organization will be sponsoring or providing for the membership.

Section B - Meeting Information

Enter the time and place for the organization's meetings. For example, in Date and Time, enter "Every other Thursday at 7p."

Section C - Membership Fees

Indicate the amount of dues to be paid and whether they are semester or yearly dues. All funds raised for the organization should be deposited in the University Cashiers office.

Section D - Fundraising Programs/Activities

List the type(s) of fundraising programs or activities the organization plans to participate in during the year.

- All minor fundraising activities (*car washes, bake sales, etc.*) must be approved by the Student Activities Committee.
- All major fundraising requests (*off-campus tours or trips, etc.*) must be taken to the Fundraising Committee through the Advancement office.

Section E - Community Service Component

Each organization is expected to become active in the community through volunteer activities. List activities that your organization will become involved in as an organization throughout the year. (*Examples might include food/clothing drives, visiting nursing homes, yard work, etc.*)

Section F - Officer and Contact Information

The President's information is a way for the Office of Student Life & Activities to communicate with the organization. This information will be available on the OSLA website and on hard copy lists produced by the OSLA. The President's information may be shared with university officials to facilitate communication with student organizations. All students and advisers listed on this form will be entered into a database in the OSLA. Much of the communication provided by the OSLA will be conducted via email; thus it is imperative that student organization leaders check their Southern email account on a regular and continuing basis. List two phone numbers where student leaders may be reached.

Student Organization Registration Form

SOUTHERN ADVENTIST UNIVERSITY

(PLEASE PRINT OR TYPE)

2015-2016 SCHOOL YEAR

All information needs to be **filled out completely** in order to be presented to the Student Activities Committee.

Section A - Organizational Information

Organization Name _____ Shortname _____

Classification ☐ New Organization ☐ Continuing Organization ☐ Returning Organization

Organization Purpose (from Constitution) _____

Organization Type: (Check only ONE type)

☐ Ethnic/Cultural

☐ Social

☐ Academic/Educational

☐ Service

☐ Recreational Sport

☐ Religious/Spiritual

☐ Honor/Recognition

☐ Special Interest

Organizational Makeup ☐ Undergraduate

☐ Graduate

☐ Both

Membership Requirements _____

Number of Members ☐ 1-25 ☐ 26-50 ☐ 51-100 ☐ 101-150 ☐ 151+

Typical Organization Activities _____

Section B - Meeting Information Date _____ Time _____

Section C - Membership Fees Amount Charged \$ _____ ☐ Month ☐ Yearly ☐ Semester

Section D - Fundraising Program/Activities _____

Section E - Community Service Component _____

Section F - Officer and Contact Information (Compile and include ALL contact information)

President

First & Last Name _____

Phone # _____ Email _____

Vice President

First & Last Name _____

Phone # _____ Email _____

Treasurer

First & Last Name _____

Phone # _____ Email _____

Secretary

First & Last Name _____
Phone # _____ Email _____

Public Relations

First & Last Name _____
Phone # _____ Email _____

Pastor/Chaplain

First & Last Name _____
Phone # _____ Email _____

Social

First & Last Name _____
Phone # _____ Email _____

Adviser

First & Last Name _____
Phone # _____ Email _____

Co-adviser

First & Last Name _____
Phone # _____ Email _____

Other Positions

First & Last Name _____
Phone # _____ Email _____

Other Positions

First & Last Name _____
Phone # _____ Email _____

For more information contact: _____ Phone # _____

My signature indicates that I will inform others in my organization about University policies affecting us and will assure that we comply with policies found in the Student Organization Handbook. My organization complies with University rules prohibiting unlawful discrimination and will maintain all other eligibility requirements for registration. I understand that the Office of Student Life & Activities will check my academic record for my semester and cumulative grade point average, along with the academic records of the other potential student leaders on this registration form.

The information presented above is complete and accurate. The above-named student organization agrees to comply with the University Nondiscrimination Policy, Hazing and Other Irregular Activities Policy, Standards of Behavior Policy, and all other policies governing student organizations and related activities, as published by Southern Adventist University.

President _____ Date _____

Adviser _____ Date _____

Co-Adviser _____ Date _____

New Deposit Account Application

SOUTHERN ADVENTIST UNIVERSITY

(PLEASE PRINT OR TYPE)

2015-2016 SCHOOL YEAR

This form should be filled out if student organization does not have an account from previous years.

Only the individuals listed below are authorized to make withdrawals from your deposit account at the University Cashiers office.

Account/Fund Personnel Information

Name of Account/Fund _____

Authorizing Department/Organization _____

Organization's Adviser _____

Account/Fund Functions

Personnel authorized to disburse funds:

☐ Treasurer's Name: _____

☐ Adviser's Name: _____

☐ Co-Adviser's Name: _____

Purpose of the Account Fund (If there are restrictions on use, please attach a copy of those guidelines to this application)

Does this account have an operating budget? ☐ YES ☐ NO

Will this account/fund establish a new campus club/organization? ☐ YES ☐ NO

(If yes, a signature from the Director of Student Life & Activities is required)

Department Head/Adviser

Date

Director of Student Life & Activities

Date

Please fill out completely and return to the Office of Student Life & Activities.

OFFICE USE ONLY:

(Do not write below this line)

Accounting Office

Name of Account/Fund in Ledger: _____

GL Account Number _____
Receipts _____ Disbursements _____

Approval _____ Date: _____

Development Office

ALPHA: _____ CFAE Line: _____ CFAE Sub-Line: _____

This form should be used by student organizations that have an established account.

Only the individuals listed below are authorized to make withdrawals from your deposit account at the University Cashiers office.

Name of Organization: _____

Required Signatures:

Treasurer's Signature: _____

Print Name: _____

Phone: _____

Email: _____

Adviser's Signature: _____

Print Name: _____

Phone: _____

Email: _____

Co-adviser's Signature: _____

Print Name: _____

Phone: _____

Email: _____

Authorization Signature:

Director of Student Life & Activities: _____ Date: _____

Please fill out completely and return to the Office of Student Life & Activities.

[illegible]

Use this form when submitting requests for on-campus fundraisers (i.e., bake sales, sales of flowers/candy, etc.).

Organizational Information

Organization holding the fundraiser: _____

Name of person in charge: _____

Email address of contact person: _____ Phone #: _____

Details about the Proposed Fundraiser

Item(s) to be sold: _____

Source of sale items: _____

Location of event: _____ Date of event: _____ Start time: _____ End time: _____

Method of distribution of goods: _____

Project which proceeds will benefit: _____

Signature of building coordinator (see reverse side): _____

OFFICE USE ONLY:

(Do not write below this line)

Committee Action

Approved (emailed information to Campus Safety)

Denied (give explanation)

Approved with modification

List of Building Coordinators**SOUTHERN ADVENTIST UNIVERSITY**

(PLEASE PRINT OR TYPE)

2015-16 SCHOOL YEAR

Building	Department	Contact Person	Phone #
Brock Hall	Business & Management	Lisa Kuhlman	x2527
	Journalism & Communication	Janita Herod	x2330
	History/English	Jamie Thompson	x2381
	Visual Art & Design	Linda Brooks	x2732
Daniells Hall	Social Work & Family Studies	Cheryl Craven	x2775
Dining Hall	Food Services	Sherri Schoonard	x2709
Florida Hospital Hall	Nursing	Conni Cash	x2940
Hackman Hall	Religion	Mary Anne Poulson	x2976
Hickman Sci. Center	Computing	Kelly Sanchez	x2936
	Biology	Debbie Strack	x2926
	Chemistry	Heidi Eisele	x2931
Iles P.E. Center	P.E. Health & Wellness	Don Mathis	x2596
Improv	Campus Ministries	Teri Reutebuch	x2440
Lynn Wood Hall	Advancement	Receptionist	x2829
J. Mabel Wood Hall	Music	Yolande Burrus	x2880
McKee Library	Library	Dan Maxwell	x2009
Miller Hall	Language	Beverly Orrison	x2221
Student Center	Student Life & Activities	Kari Shultz	x2484
Summerour Hall	Education/Psychology	Asti Conibear	x2415
Talge Hall	Men's Residence Hall	Lisa Patterson	x2990
Thatcher Hall Chapel	Women's Residence Hall	Elizabeth Hankins	x2529
Thatcher South	Women's Residence Hall	Elizabeth Hankins	x2529

Name of organization: _____

Event planned: _____

Place: _____ Attending adviser: _____

Alternate location (weather): _____

When will the event be held?

Date

Time

Step 1 - Reserve the Facility

- | | |
|--|---|
| <input type="checkbox"/> Ackerman Auditorium, Yolande Burrus (x2880) | <input type="checkbox"/> Improv, Teri Reutebuch (x2440) |
| <input type="checkbox"/> Brock Hall, Janita Herod (x2330) | <input type="checkbox"/> Lynn Wood Hall, Receptionist (x2829) |
| <input type="checkbox"/> Collegedale Church (396-2134) | <input type="checkbox"/> Miller Hall, Beverly Orrison (x2221) |
| <input type="checkbox"/> Daniells Hall, Cheryl Craven (x2775) | <input type="checkbox"/> Promenade, Kari Shultz (x2484) |
| <input type="checkbox"/> Dining Hall, Sherri Schoonard (x2709) | <input type="checkbox"/> Robert Merchant Room, Aimee Lalic (x2814) |
| <input type="checkbox"/> Florida Hospital Hall, Conni Cash (x2940) | <input type="checkbox"/> Sherri Norton Room, Teri Reutebuch (x2442) |
| <input type="checkbox"/> Hackman Hall, Mary Anne Poulson (x2976) | <input type="checkbox"/> Student Park, Sharon Robberson (x2491) |
| <input type="checkbox"/> Hickman Science Center, Kelly Sanchez (x2936) | <input type="checkbox"/> Summerour Hall, Asti Conibear (x2415) |
| <input type="checkbox"/> Iles P.E. Center, Don Mathis (x2596) | <input type="checkbox"/> Talge Hall Chapel, Lisa Patterson (x2990) |
| <input type="checkbox"/> Courts (tennis/racquet ball) | <input type="checkbox"/> Taylor Circle, Becky Djernes (x2817) |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Thatcher Hall Chapel, ???? (x2908) |
| <input type="checkbox"/> Ballfields (specify) | <input type="checkbox"/> Other _____ |

Step 2 - Utilize Resources/Services

- | | |
|--|--|
| <input type="checkbox"/> Service Department
Dennis Schreiner/Donnie Lighthall (x2717) | <input type="checkbox"/> Audio/Visual Services
Campus Services Building (x2411) |
| <input type="checkbox"/> Trash cans | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Props | <input type="checkbox"/> Overhead projector |
| <input type="checkbox"/> Staging | <input type="checkbox"/> Power Point equipment |
| <input type="checkbox"/> Chair set-up | <input type="checkbox"/> P.A. equipment |
| <input type="checkbox"/> Floor plan (drawn out) | <input type="checkbox"/> Video taping |
| | <input type="checkbox"/> Video equipment (TV/VCR, etc.) |
| <input type="checkbox"/> Plant Services
Eric Schoonard (x2919)
Locksmith (x2288) | <input type="checkbox"/> Campus Safety
<input type="checkbox"/> Security needs |
| <input type="checkbox"/> Scaffolding/electricity | <input type="checkbox"/> Transportation Services
Terri Fillman (x2716) |
| <input type="checkbox"/> Unlocking/Locking facility | <input type="checkbox"/> Vehicles reserved |
| <input type="checkbox"/> Music Screening
Laurie Minner (x2164) | <input type="checkbox"/> Drivers secured |
| <input type="checkbox"/> Approves musical selections | <input type="checkbox"/> Energy Management
Receptionist (x2917) |
| <input type="checkbox"/> Food Services - Catering
Sherri Schoonard (x2709) | <input type="checkbox"/> Arrange for heating & AC |
| <input type="checkbox"/> Arrange food items and services | |

Section 1 - Contact Information

Name of organization: _____

Contact person: _____ Phone: _____

Email: _____

Organization responsible for payment of fees: _____

Section 2 - Program Information

Date of program: _____ Time of program: _____

Starts

Ends

Building location: _____ Room location: _____

What type of program? _____

Are there rehearsals? (If yes, indicate date(s) and time(s) of rehearsal(s)) ☐ Yes ☐ No

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

Section 3 - Audio/PA Information

Microphones ☐ Corded with stand How many? _____
☐ Wireless handheld How many? _____
☐ Wireless clip on lapel How many? _____
☐ Monitors (Floor) How many? _____
☐ Speaker / Podium Mic

Tape Recording ☐ Yes ☐ No

(NOTE: Due to copyright laws, no music will be recorded, only the talk portion of the programs will be recorded.)

Music/Voice playback ☐ Tape ☐ CDPA operator required? ☐ Yes ☐ No

Assigned PA operator: _____

Office Use Only

Section 4 - Visual InformationVideo Taping ☐ Yes ☐ No**Section 5 - Lighting Information**

Stage Lighting Existing installed stage lights
Colored gels How many? _____ What colors? _____
Follow spot halogen light How many? _____
Portable light free stands How many? _____
Colored gels How many? _____ What colors? _____

Lighting operator required? ☐ Yes ☐ No Assigned lighting operator: _____

Office Use Only

This form is required for clearance of all off-campus outings, programs, and extra-curricular activities not scheduled in the University calendar which involve **over night stays and/or classes missed**. It should be filed with the Office of Student Life & Activities two weeks prior to an event. Also, please enclose a daily schedule of events with a list of locations where the group will stay, including contact numbers for each location. The general termination time for all events is prior to midnight.

Section 1 - Activity Description

Requesting organization name: _____

Planned number of attendees: _____

Type of event: ☐ Academic Field Trip ☐ Party
☐ Day Outing ☐ Meal
☐ Weekend Outing ☐ Other _____

Location of event: _____ Phone #: _____

Day and date of the event: _____ Departure time: _____

Faculty/Staff attending: _____ Signature: _____

Section 2 - Travel Details

What type of vehicle(s) will you be taking? (Indicate # of each)

☐ Private Car(s)* _____ ☐ University Van(s) _____ ☐ University Bus(es) _____ ☐ Chartered Bus(es) _____

Departure: _____
Date Time

Return: _____
Date Time

Estimated trip mileage: _____

Section 3 - Obtain Authorization

* Please provide Risk Management with a list of participants so they can verify proper insurance. The OSLA will provide hold-harmless agreements.

Signature of Director of Risk Management: _____ Date: _____

Section 4 - Budget / Funding

Total amount to be raised: _____

How the funds will be raised: ☐ Each participant pays his/her way
☐ Fundraisers, car wash, bake sale, etc. (Required form available from the OSLA)
☐ Private donations (Must be approved by the University Fundraising Committee)

NOTE: Please provide a detailed Income & Expense report for this event.

Section 5 - Contact Information

Name of person making the request: _____

Position: _____

Email address: _____

Phone #: _____

Signature: _____

Date: _____

Please fill out completely and return to the Office of Student Life & Activities.

OFFICE USE ONLY:

(Do not write below this line)

Committee Action

☐ Approved

☐ Denied *(give explanation)*

☐ Approved with modification

Director of Student Life & Activities: _____

Date: _____

Administrative Council Action

☐ Approved

☐ Denied *(give explanation)*

☐ Approved with modification

Signature of University President: _____

Date: _____

- ☐ Discuss trip concept with the Office of Student Life & Activities (OSLA)
- ☐ Discuss trip with the Advancement office if there are plans to fundraise outside the University
- ☐ Submit an off-campus trip request for approval to the OSLA
- ☐ Include the following in a request:
 - ☐ Particulars about the trip, location, time departing & returning, type of activities, etc.
 - ☐ Adviser signature
 - ☐ Budget income and expenses of the trip (*see Student Organization Handbook for further details*)
 - ☐ Copy of the approved Application Form for all Fundraising Projects/Activities (*available - Advancement office*)
 - ☐ Tentative Schedule
 - ☐ Cost per person (*must include the cost of adviser(s) attending*)
 - ☐ Transportation arrangements (*i.e., vehicle expenses, drivers, etc.*)
- ☐ Cover expenses of Adviser(s)
- ☐ Adviser(s) attending: _____

- ☐ Director of Student Life & Activities will take request to the Student Activities Committee
- ☐ Action _____
- ☐ Vice President for Student Services will take request to Administrative Council for final approval
- ☐ Adviser notifies the Associate VP for Academic Administration in writing with a list of student participating, the date and time of departure, destinations, and the date and time of return at least two weeks prior to the trip. (*Form available in the Associate VP for Academic Administration's office*)
- ☐ Transportation arrangements need to be made through Southern's Transportation Services
- ☐ Risk Management—all insurance forms and any hold-harmless agreements are signed (*Forms available in the OSLA*)
- ☐ Detailed itinerary—prior to departure, submit a detailed itinerary (*including phone numbers of lodging accommodations*) to the Office of Student Life & Activities, as well as a list of student and their emergency contacts
- ☐ If two overnight stays are involved, contact Shawn Haas with specifics about this trip for reporting purposes
- ☐ Meet with the Director of Student Life & Activities one week prior to the trip for an update
- ☐ Adviser notifies the Associate VP for Academic Administration as to anyone who did not participate in the trip

Signatures

Director of Student Life & Activities: _____

Date: _____

Student Trip Organizer: _____

Date: _____

**SOUTHERN ADVENTIST UNIVERSITY
(Sample) Release and Indemnity Agreement**

As a student of Southern Adventist University ("the University"), I desire to be allowed to accompany and participate in the **Enactus Competition in Atlanta, leaving on Wednesday, March 20 and returning March 24. The sponsors will be Stephanie Sheehan, Don Van Ornam and David Huisman.**

Although one or more employees of the University will be in charge of the activity, the exposure for risks and harm will be greater than and different from those, which may be anticipated during activities on the University campus. I also recognize that it is not possible to closely supervise and control the activities of those participating in this activity. I hereby assume the risk of injuries to my person and property while engaged in the activity and release and discharge the University and its officers, directors, employees, and agents from any claims, cause of action, costs, obligations and financial responsibility resulting from or arising out of any incident, injury or accident occurring while I am attending any such activity, EXCLUDING INTENTIONAL ACTS OR ACTS OF GROSS NEGLIGENCE OR RECKLESSNESS.

NO CHANGES TO THIS FORM SHALL BIND THE UNIVERSITY UNLESS APPROVED BY THE DIRECTOR OF RISK MANAGEMENT.

I will cooperate with those in charge of the activity at all times and will follow the guidelines, if any, set forth for the activity.

Student Signature _____ Date _____

Please fill out completely and return to the Office of Student Life & Activities.

Information Needed**SOUTHERN ADVENTIST UNIVERSITY**

The following information is needed then asking for this form - email information to kshultz@southern.edu:

Name of Student Organization Planning Event
Event Planned
Location of Event: City & State
Date of Event
Number of People Attending the Event
Name of Adviser Who will be Attending the Event

Have your adviser send an email to kshultz@southern.edu stating that they will be attending.

Please allow a week to process the request. You will receive an email stating that the forms are ready to be picked up.

Stop by the Student Services office to pick up the forms prior to the event.

Have all attending the event fill out the form (actually there will be multiples on one page).

Return the filled out forms the day after the event to the Student Services office.

***To receive credit, this form must be completed, signed by adviser/faculty member, and turned into Student Services on Monday after this Vespers.**

[illegible]

Student Organization/Department_____

Adviser/Sponsor's Signature_____

Date of Vespers _____

Community service does not include activities that take place on campus or activities in conjunction with Community Service Day.

Organizational Information

Name of student organization: _____

Email address of contact person: _____

Details about the Community Service Activity

Place of activity: _____ Phone #: _____

Day and date of the activity: _____ Time of activity: _____

Description of task(s) performed: _____

Number of members who attended: _____

Authorization / Signatures

Student Organization Adviser Signature: _____ Date: _____

Student Organization President Signature: _____ Date: _____

Please fill out completely and return to the Office of Student Life & Activities.

OFFICE USE ONLY:

(Do not write below this line)

☐ Received on: _____

☐ Approved

☐ Recorded on: _____

☐ Denied (Explanation): _____

Signature: _____

The Office of Student Life & Activities makes portions of their web space available for use by organizations on campus, both department and student operated. In order to request space for a web site, please fill out the following form and return it to the OSLA.

Organizational Information

Name of Organization: _____

Requestor's Name: _____ E-Mail: _____

Affiliated school or department _____

Not affiliated with a school or department

Advisor's Name: _____ E-Mail: _____

Designer's Name: _____ E-Mail: _____

Southern Adventist University Domain Policy

Official department/schools, clubs and organizations are eligible to use Southern's web servers. Only departments and schools may use top level domains. Top level domains are http://department_name.southern.edu. For example, the School of Journalism could have <http://journalism.southern.edu>.

Official clubs and organizations will also have the option of having a web presence. These sites will be served from the department that sponsors the club/organization or if appropriate the site will be served from <http://activities.southern.edu> which is operated from the Student Services office. For example, if the juggling club wants a web site, then the site will be served from <http://activities.southern.edu/juggling>. If the Journalism Club wants a web presence, then the site will be served from http://journalism.southern.edu/club_name.

**I understand that this web site may not be used for fundraising activities or non-university business activities.
I further understand that the site content is subject to approval and periodic review by the Student Services office.**

Signature of Requestor: _____ Date: _____

Signature of Advisor (if different than requestor): _____ Date: _____

OFFICE USE ONLY:

(Do not write below this line)

Approved

Denied (give explanation)

Site Address: _____ Activation Date: _____

