



AugustaTech

Student Organization Registration and Re-Certification Packet

**Office of Campus Life and Recruitment
3200 Augusta Tech Drive
Augusta, GA 30906
Email: campuslife@augustatech.edu**

**Thank you for your interest in chartering/re-certifying your organization!
Please feel free to contact the Office of Campus Life and Recruitment if
you have any questions about the application process.**



Student Organization Registration Form

Name of Organization

Academic Year

Please list all officer names, addresses, and phone numbers below. (You may use the back of this form if additional space is needed.)

1. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

2. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

3. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

4. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

5. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

6. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

7. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

8. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

9. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

10. Name: _____
▶ Position: _____
▶ Address: _____
▶ Phone Number: _____
▶ Email: _____

Signature of Advisor

Date

Signature of Student Advisor

Date

Return the form to the Director of Campus Life and Recruitment, Mr. Quentin White, in the 1300 Building Admissions Office.

The form will be reviewed by the Vice President of Student Affairs.

Disapproved. See below.

Approved with condition(s). See below.

Approved as is.

Vice President of Student Affairs

Date

Comments:



Student Organization Advisor Registration

I, _____, agree to accept the responsibility of advisor to
(individual volunteering to serve as advisor)

(name of organization)

I have reviewed the Student Organization Manual and agree to support and abide by the policies defined therein, particularly as they pertain to duties of the advisor. I have agreed to serve in the capacity of advisor for the _____ academic year.

Signature

Date

General Information

What is your organization's purpose?

Briefly describe the membership guidelines and process of your organization.

How frequently will this organization meet?

- Monthly
- Weekly
- Bi-weekly
- Quarterly
- Other: _____

Type of Organization:

- Academic
- Professional
- Honorary
- Religious
- Special Interest
- Media
- Political
- Governance
- Diversity/Multicultural
- Advocacy/Service
- Production/Performance
- International

What location will your organization primarily hold meetings?

- Augusta
- Grovetown
- Thomson
- Waynesboro
- Summerville
- GA Cyber Center

Will this organization collect dues?

- No
- Yes

If yes, what amount: _____

What major event will your organization sponsor?

Budgetary request. Look at the anticipated needs of your organization in the coming year. Make any request for funds in the Student Activities budget. List specific needs for the anticipated costs.

What are your proposed program initiatives for the year?

How is your organization aligned with the mission of Augusta Technical College?
