



East Central University Office of Campus Involvement

University Center 152 · Ada, OK 74820 · Office: (580) 559-5207

Annual Renewal for Existing Student Clubs & Organizations

(Please PRINT clearly)

1. ORGANIZATION NAME:

Contact Person (President/Leader): _____

Date of Application: _____

Cell Phone: (_____) _____ - _____

E-mail: _____

2. Advisor Information

Name of advisor (must be a full-time faculty/ staff member):

Department: _____

Campus Phone: _____

Campus E-Mail: _____

Organization Category: *Choose 1 category that best describes your Organization.*

- Academic/Pre-Professional;
- Departmental/Leadership;
- Student Government Association Departmental;
- Hobby/Leisure/Special Interest;
- Sports/Athletic Groups;
- Spiritual/Faith-Based;
- Campus Media & Publications;
- Cultural/International/Ethnic;
- Greek Organizations;
- Political/Advocacy;
- Performing Arts;
- Public Service/Philanthropy;

3. Brief Description of the organization:

4. Meeting Schedule:

Weekly Bi-Weekly Monthly

Day: _____ Time: _____ Meeting Place/ Location:

5. When will officers for your organization be elected this year?

6. Qualifications for Membership (e.g. G.P.A.):

7. Is the organization affiliated with a regional or national organization? No

Yes _____

8. Does your organization have a website? If so, what is the URL?

9. **Constitution & Bylaws:** Are there any changes in your constitution or Bylaws from last year?

No Yes (If yes, please attach with this form)

10. **Financial Statement:**

A benefit associated with status as a recognized student organization at ECU is the ability to store and access organizational funds through the University Controller's office accounting system, managed by the Controller's office. All organizational funds housed with the University must comply with ECU policies and procedures. Additionally, all funds allocated by the University entities must be housed in a University account.

Please indicate the nature of your organization's financial arrangements:

- A East Central University Account (already established: #____)
- A new East Central University Account
(The University Controller's office will establish account once organization is approved)
- An account with ECU Foundations is established.

PLEASE SUBMIT THIS FORM TO: The Office of Campus Involvement University Center Rm. 152

(Office use only)

DATE RECEIVED: _____

RECEIVED BY: _____

- | | |
|---|--|
| <input type="checkbox"/> Completed Annual Renewal Application Packet | <input type="checkbox"/> Leader/President in good standing: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Student Organization Agreement & Verification Form | <input type="checkbox"/> A current copy of the group's Constitution and By-Laws |
| <input type="checkbox"/> Anti-Hazing & Non-Discrimination Policy Agreement | <input type="checkbox"/> Faculty and Staff Advisor Annual |
| <input type="checkbox"/> Disclaimer Form | <input type="checkbox"/> Advisors Statement of Responsibility Form |
| <input type="checkbox"/> Officers Update | <input type="checkbox"/> Advisor Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Complete Registration Packet submitted? Yes No

Action: Approved Not Approved Reason



The Office of Campus Involvement

Student Organization Agreement & Verification

We certify that the information we have provided on this form is complete and accurate. We agree to keep all organizational records current and abide by all policies in the Student Organization Handbook. We also agree to update our forms if changes occur and file such changes with the Office of Campus Involvement. Student Organizations are required to abide by all local, state, and federal laws as well as East Central University Student Code of Conduct policies.

As currently registered ECU students, we, the entire officer constituency representative have read the Club & Organization policy and fully understand its contents. We agree to abide by these policies and understand that failure to comply with these requirements or abuse of the privileges of chartered status will result in the suspension or revocation of our charter for the remainder of the Academic year.

The term of office for the persons listed below is valid through the academic year unless the Office of Campus Involvement are informed in writing of any changes / elections.

Signatures indicate assumption of responsibility for compliance with statements above and the conditions of recognition listed. All officers who have signed below have read and understand those statements including full liability for all actions of the organization. The persons listed below are empowered by the members of the organization to reserve facilities and initiate program requests on behalf of the organization and to commit the organization and the organization's resources through the period of time indicated by the term of office above.

President/Representative Contact Information (All members and officers must be ECU students):

1. **President** _____ Signature: _____

Student ID: _____ Phone # _____ E-mail _____

As president or primary representative of this organization, I assume full responsibility to see that all members are aware of and abide by regulations pertaining to chartered student organizations and to see that this organization functions according to its approved constitution. The Office of Campus Involvement have my permission to publish the above information in its directory on its website. In addition, I recognize my obligation to be this organization's representative to the East Central University community and to receive official communications and make the contents known to the entire organization.

I have read, understand, and agree to the above.

President/Primary Officer (Printed Name): _____

Signature: _____



The Office of Campus Involvement Anti-Hazing & Non-Discrimination Policy

“Each organization is required to review this policy with the membership annually”

POLICY STATEMENT ON HAZING

Student organization are required to sign an annual agreement stating that they are aware of the laws concerning hazing and that they will review the following hazing policy with their members. No student organization shall allow any action or situation which recklessly or intentionally endangers the mental or physical health of a student or that involves the forced consumption of liquor or drugs for the purpose of initiation into affiliation with any organization.

Any student found in violation of this policy will be subject to disciplinary action which may include suspension from the University. Any staff or faculty member violating this policy will be subject to disciplinary action as outlined in the staff and/or faculty handbook. The above mentioned penalties for students, staff, and faculty will be in addition to any penalties under law or any other such law to which an individual may be subject. Student organizations that are found to have authorized any type of activities described above will have their rights to exist as a University approved organization revoked. Students having knowledge of a hazing incident are honor bound to report the infraction to University authorities. Students having knowledge of a hazing incident that do not report it may be subject to University disciplinary action.

NON-DISCRIMINATION POLICY

No organization at East Central University shall discriminate on the basis of sex, race, color, sexual orientation, gender identity and gender expression, religion, age, marital status, national origin, disability, or veteran status.

All ECU student organizations are open to all students. This does not apply to membership practices that are exempt under state or federal regulations.

Name of Organization _____

The officers of our organization have read and understand the University’s Non-Discrimination Policy and the Policy Statement on Hazing. Further, we have informed the members and pledges/associate members of our organization of the contents of the University’s policies. All activities sponsored and/or required by our organization are in compliance with this policy.

Signature of Organization Representative

Print Name

Date

On behalf of this organization, and with its authority, the undersigned promises and agrees that the organization will abide by all federal, state, and local laws, and all rules and regulations at East Central University. It is also understood that submission of this application and its approval does not constitute in and of itself full recognition as an East Central University student organization.

Signature of Organization Representative

Print Name

Date

Signature of Organization Advisor

Advisor Print Name

Date



The Office of Campus Involvement Student
Club & Organization

* DISCLAIMER *

Information contained on this form will be used to update the Student Club & Organization Directory, the university website, and other informational documents regarding East Central University. Directory information listed below of officers and advisors will be released to the campus community and general public unless notified, in writing, of the contrary at the time of application.

This information will be made available to students inquiring about the organization.

(Fill in what you are able to)

Official Name of
Organization _____

1. President/Primary Contact:

Name: _____

Permission to release information: No Yes Signature: _____

Phone # _____ E-mail _____

2. Vice President Name:

Name: _____

Permission to release information: No Yes Signature: _____

Phone # _____ E-mail _____

3. Treasurer _____

Name: _____

Permission to release information: No Yes Signature: _____

Phone # _____ E-mail _____

4. Primary Faculty/Staff
Advisor _____

Signature: _____ Permission to release information: Yes
 No

If yes, Print Name: _____ Phone # _____ E-mail _____

5. Secondary Faculty/Staff

Advisor _____

Signature: _____ Permission to release information: Yes
 No

If yes, Print Name: _____ Phone # _____ E-mail _____



**The Office of Campus Involvement Student
Club & Organization**
Faculty and Staff Advisor Annual Agreement Form

When securing an advisor for an organization, the group must submit a copy of this form signed by the faculty or staff member who will be the group's advisor. Advisors must re-confirm their advisory capacity annually during student organization re-registration at the start of each fall semester.

Responsibilities: Student Organization Advisors perform two important roles. First, the advisor helps an organization fulfill its mission and achieve its objectives for the year. Through coaching student leaders, the advisor can help a student organization clarify its vision, set goals for the semester, and accomplish those goals. The advisor will have an excellent opportunity to help students develop their effectiveness in leadership and management.

Second, the advisor can help to prevent problematic or undesirable situations that may arise by bringing these to the attention of the Office of Campus Involvement. These situations typically fall into one of several areas:

Financial: While advisors have no legal responsibility for debt incurred by a student organization, advisors are often the first to become aware of financial problems. Debt incurred should always be a concern and should be brought to the attention of the Office of Campus Involvement.

Ineffective: Student organizations that don't meet regularly or do anything may need to be refocused or reorganized. Advisors can help intervene in these situations.

The role the advisor plays within a group will vary depending upon the nature and history of the organization. Student publications may require more time and review work than a newly forming organization. Organizations that have large financial undertakings and high visibility may take more time than groups that only meet periodically for discussion purposes. The advisor's role is to serve as an advisor. When a special crisis arises in the life of an organization, the advisor should consult with the Office of Campus Involvement to determine the best course of action.

Advisors should familiarize themselves with the guidelines for student organizations which is published on the Campus Involvement Website.

Name of

Organization _____

Primary Advisor:

Print Name	Signature	Date
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Secondary Advisor:

Print Name	Signature	Date
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The Office of Campus Involvement Student Club & Organization

Advisors Statement of Responsibility Form

I hereby agree to be advisor for this organization. I understand that I am responsible in ensuring that the organization operates in accordance with the aforementioned guidelines, the ECU Student Code of Conduct, local, state, and Federal laws, and with good judgment and ethical decision-making.

Name of Organization _____

Primary Advisor:

Print Name of Faculty/Staff Advisor _____
Phone # _____ E-mail _____

Faculty/Staff Advisor's Signature _____ Date _____

Permission to release information: Yes _____ No _____

Please check one: _____ I served as this group's advisor last year
_____ I am a new advisor to this group

Secondary Advisor:

Secondary Advisor Print Name _____

Secondary Advisor Signature _____ Date _____

Permission to release information: Yes _____ No _____

Please check one: _____ I served as this group's advisor last year
_____ I am a new advisor to this group



The Office of Campus Involvement Student Club & Organization Student Organization Recognition

Overview:

The student organization recognition process is designed to provide recognition and advertising _____

to student organizations, allow for networking and communication between student organizations, student government, and ECU administration, and compliance with University regulations.

Recognition Process:

To be considered a recognized student organization, the Office of Campus Involvement must have a copy of the organization's constitution and contact information, a campus account registered with the University and the President, and a representative must attend 5 out of the 8 ECCON meetings held on the first school day of the month at 6:30 p.m. in the ESTEP.

Why should my student organization be recognized?

Student groups not recognized by the Office of Campus Involvement are unable to reserve University rooms for meetings and events, are not allowed to participate as an organization in events like Homecoming or Orange Crush Week, and for all University purposes, do not exist as an organization on campus, receiving no advertising or promotion from the university.

Levels of recognition:

Recognized student organization – A recognized student organization has met all three requirements for recognition in the previous year (or has been approved to be a student organization by the Office of Campus Involvement).

Inactive Status – A student organization receiving inactive status from the Office of Campus Involvement has not met the requirements for recognition during that academic year. Inactive student organizations must resubmit all required paperwork (application, constitution, etc.), attend two of the eight ECCON meetings, and meet with the Office of Campus Involvement once a semester. Once an organization has completed this process.

Revoked Status – A student organization receiving revoked status from the Office of Campus Involvement has remained on inactive status for up to two years. A student organization given a revoked status is no longer – in any way – affiliated with the university as a student organization.

About the ECCON:

The East Central Club and Organization Networking is a standing committee of the Student Government Association of ECU and organized by the SGA Director of clubs and organizations. These meetings are held monthly to provide an opportunity to disseminate information about events with student organizations as well as to inform student organizations about upcoming University activities. Further, this meeting allows for student leaders across campus to discuss issues facing their organization, collaborate with other organizations, and facilitate the growth and success of student organizations at ECU.

For more information:

Please feel free to stop by the Office of Campus Involvement in the University Center, Monday through Friday from 8:00–5:00 p.m. email micaall1@ecok.edu to book an appointment.

Please sign below stating you have read and agreed to the information in the Renewal Packet.

Name of Organization _____

President:

Signature

Primary Advisor:

Signature
