ON CAMPUS ADVISOR CONSENT FORM

I meet the qualifications and accept the position as advisor of ______________________ for the ______________________ academic term. I will familiarize myself with the regulations governing student organizations as described in the PAINE COLLEGE STUDENT HANDBOOK, and assist the organizations in conducting its affairs accordingly. I will also insure that any activities, meetings or speakers will reflect the Mission, Purpose, and Ideal of Paine College and will not be in conflict with the institution image or orderly operation in this regard.

x ______________________________  __________________________________

Signature  Campus Address & Dept.

_______________________________  __________________________________

Date     Campus Extension

Director of Student Activities
Peter Campus Center-Room 219
Paine College
Augusta, Georgia 30901

Registration Fees:
Academic Organizations: $55.00
Academic Organizations w/out a Queen: $45.00
Academic Organizations with a Queen & King: $65.00
APPLICATION FOR RECOGNITION

We, the undersigned, request that our organization be officially recognized as a student campus organization with the right to use the name and facilities of Paine College. We guarantee full cooperation with the College’s standards and regulations.

A copy of our Constitution and by-laws and a list our officers are attached.

Date:___________________ Signed:__________________________________

Name of Organization:__________________________________________________________________________________

Purpose:_____________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Requirements for and limitations on membership:____________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

National Connection:___________________________________________________________________________________

Place of meetings:______________________________________________________________________________________

Meeting days and time:_________________________________________________________________________________

Membership fees:____________________ Monthly dues:____________________________

*Advisor(s) _____________________________________   ___________   ___________________________________
(Signature)      (Extension) (Print Name)

_____________________________________   ___________   ___________________________________
(Signature)      (Extension) (Print Name)

*Advisors must be Paine College faculty or staff members who have some expertise in areas expressed in the purpose of the club or organization. All advisors must be approved by the Director of Student Activities and Dean of Student Affairs. In some cases, Administrative Council approval may be necessary.

(ALL INFORMATION MUST BE TYPED)
**ACADEMIC
STUDENT ORGANIZATION REGISTRATION**

**OFFICERS FORM**

All organizations operating on the campus of Paine College should file this form with the Student Activities office annually. Failure to comply will mean that the organization is no longer active, and will not be allowed to participate in any form of campus activity.

NAME OF ORGANIZATION: __________________________________________________________

TIME & PLACE OF MEETING: ________________________________________________________

Officers – 20___-20____

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE ____________________________  PRESIDENT

SIGNATURE ____________________________  ADVISOR

DATE ________________________________

Note: Any request for a date on the Activities Calendar must be in writing on the appropriate form and must be approved by the advisor and all other persons as stipulate on the form.

(INFORMATION MUST BE TYPED)
ACADEMIC STUDENT ORGANIZATION
PAINE COLLEGE

REGISTRATION FORM

1. ___________________________________ wish to REGISTER / RE-REGISTER for the academic year.
   (Name of organization) (circle one)

2. The officers for the above term are (Please list names, addresses, and phone numbers):

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Local Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. TIME AND PLACE OF MEETINGS:

4. COLLEGE ADVISOR (Name, Local Address, Department & Phone):

   _______________________________________________________________

5. TO THE BEST OF MY AND MY FELLOW OFFICER’S KNOWLEDGE, ALL OF THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT:

   Our most current constitution, by laws and those of any regional and national organization(s) are on file in the Office of Student Activities. Our members or part or full-time Paine College students. To the best of my knowledge, the organization’s purposes and it’s activities are not in conflict with Paine College’s purposes, regulations and policies, or with State and/or Federal Laws and Regulations.

   “With this signature, I hereby give permission for the above information to be made public upon request.”

   __________________________________________
   Signature of President/Chairperson

   Final Reg. ________________________________
   ____________________________ Date

   Status ________________________________
   ____________________________ Signature College Advisor

   Category ________________________________
   ____________________________ Date

(INFORMATION MUST BE TYPED)
ACADEMIC
STATEMENT OF ORGANIZATIONAL PRIVILEGES AND RESPONSIBILITIES

As President/Chairperson of ____________________________________________,
I hereby acknowledge that I understand the privileges of a Registered student Organization as stated below:

1. Use of campus duplicating services.
2. Use of campus bulletin boards and chalk boards.
3. Use of campus mail services.
4. Use of audio-visual equipment.
5. Solicitation of membership on campus under the organization name.
6. Solicitation of funds on campus under the organization name when such solicitation is in accord with the Facility Policy.
7. Use of any College facilities for its meetings and activities, after the academic needs of the College have been met.
8. Receipt of relevant publications and inclusion in mailings by the Student Activities Office.
9. Access to special services for organizations, such as student organization workshops and any and all other services and activities as may be available or developed for the benefit of registered organizations.

I also understand that as President/Chairperson I have the responsibilities as stated below:

1. To inform members of the organization that they shall be responsible for conforming to all College, local community, state or federal laws and regulations. As President/Chairperson, I may be responsible for the actions of the members of the organization.

2. To sponsor activities which reflect the Mission, Purpose, and Ideal of Paine College, and which will not be in conflict with the institution’s image or orderly operation in regards. To have all speakers pre-approved by the Director of Student Activities.

3. To insure that the funds allocated to the organization are expended appropriately. Funds may be revoked if there is a violation of College, community, state or federal laws or regulations.

4. To sign any College Facility Request Form upon which the President’s/Chairperson’s signature is required and make sure facilities are cleaned both inside and outside after use.

5. To insure that payment is made for any College bill incurred by the organization and be held individually responsible for making payment.

6. To inform the Office of Student Activities of any changes in organization officers, advisor(s) and their addresses or phone numbers.

7. To present any new prospective member to the Director of Student Activities for approval before sanctioning affiliation with the Organization.

8. To make sure all organizational members/participants are approved, registered Paine College students in order to conform with Handbook guidelines and avoid any potential liability to the College.

9. To pay any required deposits for use of facilities such as the Cafeteria for dances/parties. (The Cafeteria deposit is refundable if the area is clean and in order).

______________________________________________ _____________________
Signature of President/Chairperson Date
Report of Prior Year Organization Activities & Accomplishments

Reported Academic Year

Organization Name: ____________________________________________________________

(If ample room is not provided, please attach an addendum for further consideration)

(INFORMATION MUST BE TYPED)

1. Please provide a listing of ALL activities and programs which your organization sponsored during the prior academic year: (Be specific)

2. In what ways did your organization fulfill your short, long-term goals for the organization? Specifically, what attempts were made during the past academic year to meet the needs and/or expectations of your members? Identify any special recognition your organization received.

3. Please describe (and present any supporting information on) your required: (IN DETAIL AND IN WHAT MONTH)
   a. Community Service Project

   b. Service To The College Project

   c. UNCF Fund Raising Project

4. What are your organization’s short, long-term goals for the coming academic year? Please be as specific as possible. (Use additional sheets if needed). Please be mindful that all student organizations are expected to complete three projects per semester to remain in good standing. These projects are described in the Student Handbook.

Signature of President/Chairperson __________________________ Date ________________
**ACADEMIC STUDENT ORGANIZATION**  
**ROSTER FORM**  
Paine College  
Augusta, Georgia 30901

**ORGANIZATION:** _______________________________ 20____-20____

**ROSTER IN ALPHABETICAL ORDER**

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>22.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>23.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>24.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>25.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>26.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>27.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>28.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>29.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>30.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>31.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>32.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>33.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>34.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>35.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>36.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>37.</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>38.</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>39.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>40.</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>41.</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>42.</td>
<td></td>
</tr>
</tbody>
</table>

(Attach Additional Names If Necessary)
Paine College

Academic Student Organization Registration Form

✓ Checklist ✓

- On Campus Advisor Form
- Application For Recognition
- Officers Form
- Registration Form
- Statement of Organizational Privileges & Responsibilities
- Report of Prior Year Organization Activities & Accomplishments
- Roster Form
- All Information Is Typed