



# NEW STUDENT ORGANIZATION APPLICATION

## School of Physical Therapy – Student Affairs

University of the Incarnate Word  
9160 Guilbeau CPO #412 San Antonio, Texas 78250  
(210) 283-6948  
dptstudentaffairs@uiwtx.edu

Name of Organization: \_\_\_\_\_ Abbreviation: \_\_\_\_\_

Category: (check one)     Academic     Athletic     Greek  
                                   Honors         Multicultural     Professional  
                                   Service         Special Interest     University Sponsored

Purpose of the Organization: \_\_\_\_\_

Activities and Events: \_\_\_\_\_

**Membership Requirements** (If applicable, list GPA, classification and/or credit hour requirements)

Amount of Dues: \$ \_\_\_\_\_ How often are dues collected? \_\_\_\_\_

### **Meeting Information**

We meet: (Circle response)    **Weekly**                      **Bi-Weekly**                      **Monthly**

Day of the Week: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

When are elections held? \_\_\_\_\_

**Application Checklist:** (submit paperwork in the following order)

- \_\_\_\_\_ New Student Organization Application
- \_\_\_\_\_ Constitution & Bylaws
- \_\_\_\_\_ Student Membership Roster
- \_\_\_\_\_ Agency Account Authorization
- \_\_\_\_\_ Advisor Appointed \_\_\_\_\_

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**\*\*\* Organization officers are required to be in good standing with a minimum 2.50 GPA \*\*\***

Student organization officers agree and accept the rights, responsibilities and privileges associated with being a registered student organization at the University of the Incarnate Word. Officers further agree to uphold all the policies of the University of the Incarnate Word. The Office of Academic Success and Student Affairs reserves the right to access grade point averages from the Office of the Registrar to determine officer eligibility.

### President

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Mailing Address: \_\_\_\_\_

### Vice President

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Mailing Address: \_\_\_\_\_

### Treasurer

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Mailing Address: \_\_\_\_\_

### Secretary

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Mailing Address: \_\_\_\_\_

### On-Campus Advisor (REQUIRED - must be a UIW faculty/staff/administrator)

Name: \_\_\_\_\_ Faculty/Staff ID: \_\_\_\_\_  
University Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Department: \_\_\_\_\_ Campus CPO # \_\_\_\_\_

### Off-Campus Advisor (If applicable)

Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Local Mailing Address: \_\_\_\_\_