STATEMENT OF COMPLIANCE & APPROVAL OF REGISTRATION

No organization shall discriminate in membership or activities on the basis of race, creed, gender, sexual orientation, age, national origin and/or handicap. Purposes and activities of a registered student organization must not conflict with the purposes and regulations of University of the Incarnate Word, including its mission. All officers of the organization must be registered students. A majority of the members of a registered student organization must be registered University of the Incarnate Word full or part-time students. Participation of faculty and staff is encouraged. Failure to follow all applicable campus, state and/or federal policies, procedures, or statutes may result in the suspension or loss of any or all benefits as a registered student organization.

Review the following guidelines for starting a new student organization:

1) Meet with the SoPT Office of Academic Success and Student Affairs to review the approval process and application materials.
2) Necessary paperwork must be completed and/or revised if necessary: New Student Organization Application, Constitution and Bylaws, Student Membership Roster and Agency Account Authorization.
3) An advisor must be selected among the faculty or staff of the SoPT.
4) At least five (5) student members must be listed on the Student Membership Roster.
5) The purpose and activities of the organization must be in line with the mission of the University.
6) New Student Organizations are approved by the Assistant Dean for Academic Success & Student Affairs at the School of Physical Therapy.

Student Organizer Name                  Signature                   Date

Faculty/Staff Advisor Name

Assistant Dean - Academic Success & Student Affairs             Date         Approved/Denied
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
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

*** 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: ___________________________