

STUDENT SUPPORT SERVICES

2800 S. Lone Tree Road Flagstaff, AZ 86001

Phone: (928) 226-4323 FAX: (928) 226-4114

STUDENT ORGANIZATION REGISTRATION APPLICATION DATE:

	Re-registering Organization (Needs 2 officers and staff or faculty advisor)	Name	e of Organization
	New Organization (Needs a Constitution, 2 Officers with 2.25 GPA, 3 other members with a 2.0 GPA a staff or faculty advisor)		Address
GENE	ERAL INFORMATION (Please <u>type</u> and <u>sign</u>	_your name)	
Office	r Information (Every organization must have	2 Officers wit	h a minimum 2.25 GPA)
Name:		Name:	
Title:		Title:	
Telephone:		Telephone:	
E-mail:		E-mail:	
Signature:		Signature:	
per adv	signing next to your name above, you are giving mission to disclose your current class standing visor and to the club president. This is done on registration status of the organization. Officers n	ng and G.P.A. nly for the purp	to both your organizational pose of officer eligibility, which affects
Advis	or Information:		
Name:		E-mail:	
Address:		Telephone:	
Department:		Position:	faculty staff
ORGA	ANIZATIONAL DESCRIPTION		
organi	do you characterize your organization? Pleas ization (<i>choose only one</i>). This will be the head izational Directory, published by Student Su	ing under wh	ich you are listed in the
	Academic Organization Advocacy Organization Cultural Organization		Recreation/Game Organization Religious Organization Service/Honorary Organization

Special Interest Organization In 30 words or less, please write a concise descripti	ion of your organization and its purpose. This may
be used in brochures, publications, on the Student prospective members.	
For planning purposes, please list the major events	/activities your organization plans during the year.
ORGANIZATIONAL AFFILIATIONS Does the organization have affiliations with any or	ganizations/corporations external to the College?
Yes No If so, please list:	
<u>FUNDING</u>	
Please list any anticipated sources of operating fun	ds: Dues, contributions, fund-raising, etc?
OFFICER ELECTIONS Month(s) that elections are held:	
	onth, Year)
MEMBERSHIP Approximate number of student members:	
Criteria for membership (if any):	
Please describe your selection process (if any):	
If your organization agrees to adhere to the policy appropriate to student organizations and their menthis form is correct, please sign where indicated.	stated below, the College Rules and Regulations mbers and verifies that the information supplied or
"We agree to abide by Coconino Community Collorganizational membership on the basis of race, origin, gender, sexual orientation, marital status,	color, culture, creed, religion, national
Date	Date
Student Organization President	Advisor
Date	
Student Support Services Staff Signature	

LEARNING COMPETENCIES

Students and advisors, please give some thought to learning that would be taking place by members who are in your student organization. The provided list has examples of what we call Learning Competencies. Below is a list of examples that members of the student organization would be able to demonstrate.

More specifically, "A member of your student organization should be able to demonstrate the following abilities through active learning and involvement with the group." Please check the following that apply. Lead Follow Apply rules to situations (by-laws, college policy, etc.) Orient new members to a group Explain the purpose of the group to others Work collaboratively with diverse groups Actively make sure all members get "a turn" (can participate) Compromise when appropriate State one's own views in a non-threatening way Hear the views of others whose thinking differs from one's own Practice Decision Making Voting Reaching Consensus Write an annual report Publish an agenda Write minutes Plan an event or activity Publicize an event or activity Plan a trip for a group Consciously act to keep others and self safe Design a budget Manage a budget Other – Please Describe