



Charles R. Drew University Of Medicine and Science

Student Organization Application

Overview

This application must be completed in order to register a student organization with Charles R. Drew University of Medicine and Science (CDU), and immediately following any major changes (including change of officers), made to the organization. Filing this form with the Division of Student Affairs will ensure that the organization is recognized for the current academic year.

The information provided on this application must be correct and up to date. If this form is not complete fully or found to be incorrect, the organization will not be recognized as a Student Organization for the current semester. It is the Student Organization's responsibility to update this form as needed whenever the organization gets new officers.

In order to start a new student organization at CDU, students must have:

1. At least five students willing to participate in the student organization
2. One advisor (must be CDU faculty, staff or administrator)
3. A ratified constitution
4. A president and treasurer*

These positions are instrumental to the effective operation of a student organization. The president is the primary contact for the student organization and the spokesperson of the group who regularly interacts with the other student organizations and University officials. He/she is the liaison between the student organization, the advisor and other University or community contacts. The treasurer is responsible for managing the student organization's financial matters, and is expected to keep the officers, members and advisor informed about the student organization's financial activities.

Please return the completed form to Student Affairs via email at StudentAffairs@cdrewu.edu or in person in The Division of Student Affairs



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Name of Organization: _____

You may use the name of the university as part of the name for geographical designation only.
(I.e. Chess Club at CDU, NOT CDU Chess Club)

- New Organization
- Registered Organization, Updating Officers

Name of Advisor: _____ Advisor Phone Number: _____

Type of Organization (See descriptions in *Starting a New Organization*)

- Academic
- Cultural
- Faith-based
- Honorary
- Sports Club
- Political
- Service
- Special Interest

Student Type

- Graduate
- Undergraduate
- Combined

Will this organization be affiliated with any other organization (regional or national) not registered at CDU?

- Yes Name of Regional/National Organization _____
- No



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Membership: At least 5 current CDU students (*attach additional sheet if necessary*)

Student Name	Anticipated Graduation Date (Mo/Yr)	Signature	Officer Position/Member

Constitution/Bylaws

An organization's Constitution and Bylaws articulate its purpose and spell out procedures to be followed for activities/events (e.g. fundraising, elections, etc.). Constitution and/or bylaws typically require a 2/3 majority vote of the membership for adoption. It is important that an organization's Constitution and/or Bylaws be reviewed annually and maintained up-to-date as the needs of the group may change over time. A copy of the organization's Constitution and/or Bylaws should be made available to every member, and be filed with the Division of Student Services. A thorough review of the organization's Constitution and/or By-Laws should be a part of officer training and transition following elections.

Must include the following:

Article I. Name of Organization and Statement of Purpose

Article II. Requirements for Membership.

Article III. Meetings

Article IV. Advisor

Article V. Qualifications for Officers

Article VI. Elections

Article VII. Finances



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Certification

We request permission to organize for the purpose of becoming an officially registered student organization at Charles R. Drew University of Medicine and Science (CDU). We understand that if approved as an organization, we are expected to abide by all University policies, including the Student Code of Conduct.

Student President Signature _____ Date _____

Student Treasurer Signature _____ Date _____

Faculty/Staff Advisor Signature _____ Date _____

