

Student Life Staff Only:
 Date Received: _____
 Web: _____ Emails: _____
 Travel: _____ UTS: _____
 Community Service: _____
 Fund Raisers: _____

STUDENTLIFE

@The Bryan Williams, M.D. Student Center

The University of Texas Southwestern Medical Center
 STUDENT ORGANIZATION REGISTRATION FORM

2024-2025

Organization Name:

Include full name and any abbreviation that you use for your Student Organization:

Click or tap here to enter text.

Type of Organization:

Select only one Organization type. If you are not sure, you can check the descriptions that are located on the Student Center Website. If you wish to re-evaluate your category, please check with the director of Student Life.

- | | | |
|---|---|---|
| <input type="checkbox"/> Educational/Professional | <input type="checkbox"/> Honorary | <input type="checkbox"/> International/Cultural |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Religious | <input type="checkbox"/> Service |
| <input type="checkbox"/> Social | <input type="checkbox"/> Special Interest | <input type="checkbox"/> Governance/Political |

Health Care (Must also be selected if you have a provide health care within your events/mission.)

List the clinic or location you are affiliated with or where your event(s) will take place:

Click or tap here to enter text.

NOTE: Health Care activities will have an additional form they will need to complete (this process occurs in May for returning clubs and if you did not do it then – please follow up with the director of Student Life. The process provides for medical malpractice insurance that has to be approved by the UT Systems office.

Officers

List all officers in your organization as well as their title; designate two that will be the main contacts by checking the box. The titles for the officers should be suited for your organization and can be changed, the below is a guide. **An organization is not allowed to have more than 2 presidents (co-leadership).** If you have more leaders – the title needs to be changed to reflect it as coordinators. Be sure to complete all the fields.

Title	Name & Outlook Email Address	Cell Number
-------	------------------------------	-------------

Mission Statement/ Purpose

Define your organization and its goals. This statement will be used on the web.

Submit your organization's Constitution/By Laws with your registration paperwork if you have made changes.

Provide the full description – do not list as same as before!

Click or tap here to enter text.

Check if your statement about your organization **has** changed from the previous year or is new. If changed or new, email it to suzette.smith@utsouthwestern.edu with the new description.

Adviser/Affiliations

List all advisors. Include their name, department, and affiliation with your organization. Include their email and phone number. An advisor is not required for an organization unless you are involved in health care projects; however, they are highly recommended.

Click or tap here to enter text.

Clinical or Community Component

Provide brief details if your organization will be working in the community and/or administering health care information or services. Your organization must have an advisor and each of your officers will be required to attend a special information session. List faculty or staff that support your organization with your clinical or Community projects. Designate if you do actual patient care vs community volunteerism.

Click or tap here to enter text.

Website & Social Media Information

If your organization has a website or social media link – please list the URL address for all of them. UT Southwestern has very specific Social Media rules! Be sure you are following them.

Click or tap here to enter text.

Source of your Organizations Funding:

National, State, Regional, Community or Academic Department Affiliations

List all affiliations and any source of funding, including membership dues which you receive along with your budget.

Click or tap here to enter text.

Funding from an Academic Department: If yes, which one: _____

Do you collect Membership Dues: Yes or – how much? _____

Fundraising:

Do you plan on holding fundraisers for your group and what will they be if you know. You are restricted to one fundraiser per month.

Click or tap here to enter text.

Programs/Activities

Provide a brief statement of major activities in which your organization plans to organize this year and the timeframe:

Click or tap here to enter text.

Participation in United to Serve

Does your organization want to be an active group in UTS? YES NO

In which section would you like to participate? Please list your contact for this event. You will need one consistent officer/representative that will be consistent to participate.

Click or tap here to enter text.

Travel

Does your organization travel? YES NO

List any conferences or trips that your organization plans to do during this academic year.

All Travel is subject to approval and University Policies must be followed. International travel requires at least two months lead time. Domestic Travel requires a 6-week lead time for approval. ***An Intent to Travel form must be completed for travel as well. Travel Rules have changed for 2024-2025! Plan ahead!!!***

Click or tap here to enter text.

Membership Distribution

List the estimated number of members in your organization. Membership is limited to students, residents, staff, and faculty. Member ship may not be denied based on race, color, religion, national origin, gender, age, disability, citizenship, veteran status, sexual orientation, gender identity or gender expression.

Students: Click or tap here to enter text.

Residents: Click or tap here to enter text.

Faculty: Click or tap here to enter text.

Staff: Click or tap here to enter text.

I have received a copy of the Handbook for Registered Student Organizations and agree that my organization will comply with all UT System and UT Southwestern Policies. The manual is also on the website: www.utsouthwestern.edu/studentcenter.

Authorized Representative's Signature
(May be electronic)

Date

Printed Name