



Starter Kit for Registering Graduate Student Organizations

1. Pick up the “Starter Kit for Registering Graduate Student Organizations” from the Graduate Student Association (GSA) Office in the Center for Business and Graduate Studies (CBGS), RM 1308.

Starter Kit Contents:

- a. Notice For Registered Graduate Student Organizations
 - b. The Five Principles of Ethical Power for Organizations
 - c. Advisor’s Consent Form
 - d. Membership Roster for Clubs & Organizations
 - e. Officer’s Form
 - f. Student Organization Re-registration form
 - g. Change of Advisor Form
2. Submit a typewritten letter of intent. (New organizations only)
 3. Select one advisor
 4. Submit the following completed forms:
 - a. Officer’s form
 - b. Advisor’s consent form
 - c. Members Roster
 5. Set up a meeting with the designated OSL representative to review your paperwork.
 6. Submit a copy of the organization’s constitution, by-laws, and/or charter.
 7. If your organization has a regional or national office, submit a clearance letter (indicating whether your organization is in good standing) from either the regional office or the national office.
 8. A confirmation letter will be sent by OSL within 5 business days.
 9. Attend monthly general meetings for the Graduate Student Association.



Important Notice For Registered Graduate Student Organizations



You must agree to active participation in the following and comply with the following:

- One Advisor
- Legislative Branch Meetings
- Homecoming
- Club Elections
- Advisors should be present for evening events

There are several campus events in which your organization will be expected to participate. Please contact the GSA office or Office of Student Life for more information.

By our signatures, we acknowledge receipt of this notice and agree to adhere to the aforementioned rules.

President Organization

Date

Advisor of Organization

Date



The Five Principles of Ethical Power for Organizations

1. *Purpose*: The mission of our organization is communicated from the top. Our organization is guided by the values, hopes, and a vision that helps us to determine what is acceptable and unacceptable behavior.
2. *Pride*: We feel proud of our organization and ourselves. We know that when we feel this way, we can resist temptations to behave unethically.
3. *Patience*: We believe that holding our ethical values will lead us to success in the long term this involves maintaining a balance between obtaining results and caring how we achieve these results.
4. *Persistence*: We have a commitment to live by ethical principles. We are committed to our commitment. We make sure our actions are consistent with our purpose.
5. *Perspective*: Our leaders and members take time to pause and reflect take stock of where we are, evaluate where we are going and determine how we are going to get there.



Advisor's Consent From

Please read and review the advisor's guide before signing this document. All advisors must be full-time faculty or staff of Bowie State University. By accepting this position as advisor of a student organization you also accept certain responsibilities. Please read and initial the following responsibilities to indicate your acceptance.

- I will be at all activities sponsored by the organization.
- I will obtain and review a copy of the Advisor's Guide & Help for Registered Student Organizations.
- I will read and be accountable for the contents regulating student organizations.
- I will assist the organization in the development and implementation of its program.
- I will affix my signature to all requests and/or documents representing the organization.
- I will make sure that activities sponsored by the organization are limited to students and their legitimate guests.

Please print the following information:

Name: _____

Campus Address: _____

Phone# (w): _____ Phone # (h): _____

Date: _____ Email Address: _____

Have you advised a registered BSU club or organization within the past two academic years?

Yes No

My Signature certifies that I, _____ consent to advise
(Signature)

_____ for the _____ academic year.
(Organization)

OFFICE USE ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Signature GSA President	Date
Signature GSA Vice President	Date



Officer's Form



Organization: _____

President: _____

Local Address: _____

Email Address: _____

Telephone No.: _____

Vice President: _____

Local Address: _____

Email Address: _____

Telephone No.: _____

Secretary: _____

Local Address: _____

Email Address: _____

Telephone No.: _____

Treasurer: _____

Local Address: _____

Email Address: _____

Telephone No.: _____

_____: _____

_____: _____



BOWIE STATE UNIVERSITY – OFFICE OF STUDENT LIFE
Graduate Student Organization Re- Registration Form



PLEASE TYPE

Organization Name: _____ Academic Year: _____

By re-registering as a student organization at Bowie State University, your organization is becoming an active part of this community and a vital part of the educational process. A student organization is defined as any registered group/organization at BSU, which is directed and controlled by students whose programs and activities affect the education process, promote cultural understanding, and student welfare, and/or contribute to the overall community at Bowie State University. Re-registration approval is a function of the Office of Student Life. Re-registration shall be defined as the process whereby a student organization continues eligibility to receive University support as described in the Student Handbook.

ADVISOR INFORMATION

Campus Advisor _____	
Campus Address _____	
Email Address _____	Extension _____
Signature _____	Date _____

OFFICER INFORMATION

President _____	E-mail _____
Permanent Address _____	Telephone _____
Campus/Local Address _____	Telephone _____

Vice President _____	E-mail _____
Permanent Address _____	Telephone _____
Campus/Local Address _____	Telephone _____

Secretary _____	E-mail _____
Permanent Address _____	Telephone _____
Campus/Local Address _____	Telephone _____

Treasurer _____	E-mail _____
Permanent Address _____	Telephone _____
Campus/Local Address _____	Telephone _____

_____	E-mail _____
Permanent Address _____	Telephone _____
Campus/ Local Address _____	Telephone _____

_____	E-mail _____
Permanent Address _____	Telephone _____
Campus/Local Address _____	Telephone _____



Change of Advisor Form

Name of Organization: _____ Academic Year: _____

President of Organization: _____

Current On-Campus Advisor: _____

Contact Info: _____

New On-Campus Advisor: _____

Contact Info: _____

Reason for Change: _____

Signature: _____
(Current Advisor) (New Advisor)

For Office Use Only	
Received _____ / _____ / _____ Date	By _____ GSA Staff
_____ GSA President	_____ Date