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.

**The student organization registration procedures in this kit were duplicated by the Graduate Student Association (GSA) from the Starter Kits for Registering Student Organizations disseminated by the BSU Office of Student Life and are in compliance with Bowie State University Policies and Procedures.**
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

Advisor of Organization

Date

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 to take stock of where we are, evaluate where we are going and determine how we are going to get there.

Advisor’s Consent Form

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, __________________________ (Signature) consent to advise
_________________________ (Organization) for the __________________________ academic year.

OFFICE USE ONLY: _____ Approved   _____ Not Approved

Signature GSA President __________________________  Date __________________________
Signature GSA Vice President __________________________  Date __________________________
Membership Roster
For
Clubs & Organizations

Please provide the following information regarding the ACTIVE (those who are registered and in good standing) members of your organization. Submit as many copies of this roster that may be necessary to identify your entire membership. Additional rosters may be submitted as your membership increases. PLEASE TYPE OR WRITE LEGIBLY.

Organization: __________________________________________

Semester: ___________________________  Academic Year: _______________________

Last Name  First Name

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

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___________________________________________________________________________
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 considered 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 contributes 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: ___________________________

Vice President: ___________________________
E-mail: ___________________________
Permanent Address: ___________________________
Telephone: ___________________________
Campus/Local Address: ___________________________

Secretary: ___________________________
E-mail: ___________________________
Permanent Address: ___________________________
Telephone: ___________________________
Campus/Local Address: ___________________________

Treasurer: ___________________________
E-mail: ___________________________
Permanent Address: ___________________________
Telephone: ___________________________
Campus/Local Address: ___________________________

Permanent Address: ___________________________
E-mail: ___________________________
Telephone: ___________________________
Campus/ Local Address: ___________________________

Permanent Address: ___________________________
E-mail: ___________________________
Telephone: ___________________________
Campus/Local Address: ___________________________
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 ___/___/_____        By _____________________________
   Date                        GSA Staff

GSA President ___________________________        Date ______________