

2011-2012 ACADEMIC YEAR

**Attention Advisors / Officers**

By submitting this form, I/we understand that an **updated Student Organization Information form** will be submitted at the **beginning of each FALL SEMESTER and/or when the following occurs:**

1. *Changes in Faculty/Staff Advisor*
2. *Changes in contact information*
3. *Changes in officers (i.e. new elections)*
4. *The organization becomes inactive*

Information contained in this form will be used to update the organization's file, the organizational database, the university website, and other informational documents regarding Western Kentucky University.

**Contact Information**

For questions about this form, or additional information regarding student organizations at WKU, please contact the Student Activities office at 270.745.2459 or [stephanie.scott@wku.edu](mailto:stephanie.scott@wku.edu).

**Submit SOI Form to:**  
**Student Activities, DUC 326**  
**Attn: Stephanie Scott**

**This form must be completed in its entirety.** Incomplete forms will be returned to the group's advisor/submitter. Reservations for meeting rooms in the Downing University Center will NOT be allowed UNLESS the "Room Reservation Contact Information" portion of this form is updated in a timely manner. Illegible forms will be returned.

**Date Submitted:** \_\_\_/\_\_\_/\_\_\_      **Name of Submitter:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Category of Organization:** (choose one)

Departmental <input type="checkbox"/>	Fraternity <input type="checkbox"/>	General <input type="checkbox"/>	Honors <input type="checkbox"/>	IMREC <input type="checkbox"/>	Professional <input type="checkbox"/>
Religious <input type="checkbox"/>	Sorority <input type="checkbox"/>	Sport <input type="checkbox"/>	Student Representative <input type="checkbox"/>		Service <input type="checkbox"/>

**Tell us about your organization**

(What is the mission or what are the goals? What students would be interested in joining your group and why?)

**Organization's Web Address:** \_\_\_\_\_

**Organization's E-Mail Address:** \_\_\_\_\_

**Approximate number of members in this organization?** \_\_\_\_\_

Regular meeting days and times: \_\_\_\_\_

Regular meeting location: \_\_\_\_\_

When does your organization hold its elections? \_\_\_\_\_

**Advisor Information:**

1. Name/Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_  
**(Building and Room Number; DO NOT USE 1906 College Heights Blvd. address)**

Email Address: \_\_\_\_\_

2. Name/Title: \_\_\_\_\_ Dept.: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_  
**(Building and Room Number; DO NOT USE 1906 College Heights Blvd. address)**

Email Address: \_\_\_\_\_

**Room Reservation Contact Information:**

**Note:** The individuals listed below are the ONLY persons authorized to reserve / cancel room reservations in DUC. There are no exceptions.

<u>Name</u>	<u>Email Address</u>	<u>Phone</u>	<u>Position in Organization</u>

**Officer Information**

<u>Position</u>	<u>Student Name</u>	<u>Email Address</u>

**ADVISOR'S STATEMENT** (This form will not be validated unless signed by at least ONE of the organizations advisors; student officers may not sign this portion of the form).

*By signing below, I acknowledge the information contained on this form is true and accurate. I also acknowledge that I am the advisor of record for the above named student organization at WKU for the 2011-12 academic year.*

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_