

This form is required for insurance purposes and must be filled out each semester. By registering your student group will be eligible to Student Alliance financial support (based on available funds) and be listed on the Student Alliance website, www.theintegralstudent.com.

General Information:

Name of the Student Group: _____

Proposed Event/Meeting Schedule: _____

Mission Statement or Description: _____

_____ (To be posted online)

Email List and/or Website Address, if any: _____ (To be posted online)

Contact Information:

Student Leader Contact Name: _____ (will be posted online)

Student Leader Contact Email: _____ (will be posted online)

Staff/Faculty Representative: _____ (will be posted online)

Staff/Faculty Representative Email: _____ (will be posted online)

Please complete the following questions and attach responses to the form.

- 1) Projected Semester Budget
- 2) List of Current Members
- 3) Calendar of Events (Please include title, description, date, time, and location)

Student Group Representative to Student Alliance REQUIREMENTS

Responsibilities:

- 1) Attend monthly Student Alliance meetings (or ensure another representative attends).
- 2) Remember that student group activities are only funded between active dates of the semester designated in the CIIS Academic Calendar.
- 3) Inform student group on Student Alliance activities and announcements.
- 4) Manage student group activities and is responsible for following funding proposal instructions and guidelines for all funding proposal request, donation deposits, and all other Student Alliance procedures.
- 5) Include Student Alliance logo and affiliation on all announcements, and collateral.
- 6) Submit student group event/activity information with at least **2 weeks anticipation** to studentalliance@ciis.edu.
- 7) Submit group member list; sign-up sheets, summary of event, and photos after each activity for evaluation purposes and to post to Student Alliance website.

Student Leader Signature: _____

As the staff/faculty representative of the above mentioned student group, I accept the responsibility to serve as a resource and support to the student leader and the student group activities:

Staff/Faculty Signature: _____

To be completed by Student Alliance Coordinator

Date of Registration: ___ / ___ / ___ Received by: _____