CAMPUS LIFE
We're Here For You

MANSFIELD CAMPUS STUDENT ORGANIZATION REGISTRATION FORM

Name of Organization:

_____

Statement of Purpose (or Mission Statement): *Please attach a Constitution.*

_____

_____

_____

Officer(s) and additional Student Members (minimum of 4 total):

Name	Office	OSU/NC State/ Med Central	Phone Number & E-mail
_____	_____	_____	P: _____
			E: _____
_____	_____	_____	P: _____
			E: _____
_____	_____	_____	P: _____
			E: _____
_____	_____	_____	P: _____
			E: _____

Name(s) of Faculty/Staff Advisor(s) (minimum of one):

_____	_____	_____
Print name	Signature	Date
_____	_____	_____
Print name	Signature	Date

Registration materials submitted by:

_____	_____	_____
Print name	Signature	Date

Please return to: the Office of Campus Life – 2nd floor Eisenhower Hall

For Office Use Only

Registration Status: ___Provisional (_____) ___Official (_____)
Date Date

Registration Approved by:

_____ _____
Coordinator of Campus Life Date