



UCSD STUDENT ORGANIZATION REGISTRATION FORM

Registration forms include pages 1 and 2, plus a Constitution



Organization Status: Re-registering Current Year Update New

Name of Organization: _____

Principal Members listed below are all: Undergraduate Graduate Both

Primary focus (circle one): Academic Cooperative Cultural Educational Greek Life: IFC / MGC / Panhellenic / Greek
Health Profession Media Political Pre-Professional Recreational SAAC Service Social Spiritual

Contact Phone: _____ Office number or President/Chairperson's number
On Campus Mailing Address (required): 0078 Box# _____ will be assigned

Email Address: _____ Website Address: (optional) _____

Permanent Summer Mailing Address: _____
Street City State Zip

Purpose of Organization: _____

PRINT LEGIBLY!! Please make sure you fully understand this form before signing!

PRINCIPAL MEMBERS (A minimum of four are required):

1. President/Chair _____	Signature _____	ID# _____
Address _____	City _____	Zip _____ Phone _____
*Email Address _____	Solo Advisor Initials – Attended Registration Session _____	
2. Name _____	Signature _____	ID# _____
Address _____	City _____	Zip _____ Phone _____
*Email Address _____	Solo Advisor Initials – Attended Registration Session _____	
3. Name _____	Signature _____	ID# _____
Address _____	City _____	Zip _____ Phone _____
*Email Address _____	Solo Advisor Initials – Attended Registration Session _____	
4. Name _____	Signature _____	ID# _____
Address _____	City _____	Zip _____ Phone _____
*Email Address _____	Solo Advisor Initials – Attended Registration Session _____	
5. Name _____	Signature _____	ID# _____
Address _____	City _____	Zip _____ Phone _____
*Email Address _____	Solo Advisor Initials – Attended Registration Session _____	
6. Name _____	Signature _____	ID# _____
Address _____	City _____	Zip _____ Phone _____
*Email Address _____	Solo Advisor Initials – Attended Registration Session _____	
7. Name _____	Signature _____	ID# _____
Address _____	City _____	Zip _____ Phone _____
*Email Address _____	Solo Advisor Initials – Attended Registration Session _____	
8. Name _____	Signature _____	ID# _____
Address _____	City _____	Zip _____ Phone _____
*Email Address _____	Solo Advisor Initials – Attended Registration Session _____	

Principal Members are the only persons authorized to reserve facilities, request funds, make purchases, and sign University documents in the name of the organization. They must be currently registered students at UCSD. Each is personally responsible for the organization's fiscal matters and the actions of the organization. **PLEASE NOTE:** Upon signing this form, the Principal Members hereby give permission for their names and phone numbers to be given out as contacts for their organization. Their email addresses will also be added to the "SOLO" listserv to receive pertinent information related to student organizations, policies and procedures. Changes in the Principal Member's requested information above **must** be reported to the Department of Student Organizations and Leadership Opportunities to keep their registration valid.

Faculty/Staff
Community Advisor: _____ Signature: _____ Date: _____

F/S/C Advisor Address: _____
Street City State Zip

Email Address: _____ Phone: _____
(Area Code)

SOLO Advisor Approval: _____ Date: _____