

CIIS Dean of Students Office and



Campus Group Registration Form

This form is required for insurance purposes and must be filled out each year as requested.

By registering, your campus group will be eligible to Student Alliance financial support and be listed on the Campus Groups page of the Student Alliance website (www.saciis.org) so more students can find out about your group and get involved.

General Information:

Name of the Campus Group: _____

Meeting Time Information: _____

Mission Statement or Description: _____

_____ (may continue on back, will be posted online)

Email List or Website, if any: _____ (will be posted online)

Contact Information:

Student Contact Name: _____ (will be posted online)

Student Contact Email: _____ (will be posted online)

Faculty/Staff Resource-Person Name: _____ (will be posted online)

Faculty/Staff Resource-Person Email: _____ (will be posted online)

Faculty/Staff Resource-Person Signature: _____ Date: ___ / ___ / ___

Campus Group Representative to Student Alliance:

Responsibilities:

- 1) attend Student Alliance Meetings (see saciis.org for dates) or try to ensure that someone else from their group attends
- 2) act as an interface between SA and their group by sharing news and ideas from Student Alliance with their group and from their group with Student Alliance
- 3) stay informed of Student Alliance support available to their group

Representative Name: _____ (will be posted online)

Representative Email: _____ (will be posted online)

Representative Program: _____ (will be posted online)

Please do not write below this line.



This section is for the Dean of Students Office and Student Alliance.

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