

CSUSM Student Organization Recognition Acknowledgement Signatures

ORGANIZATION NAME: _____

OFFICER REQUIREMENTS: Per CSU E.O. 1006 all Presidents and Treasurers of recognized student organizations are considered Minor Student Officers. As such, Student Life & Leadership will verify that each President and Treasurer:

1. Is matriculated and enrolled at CSUSM.
2. Maintains a minimum overall grade point average of 2.0 each term.
3. Is in good standing with the University and not on probation of any kind.
4. Is earning at least six semester units while holding office, as undergraduates. Graduate and Credential students must earn at least 3 semester units while holding office.
5. Is limited to 150 semester units or 125 percent of the units required for a specific baccalaureate degree objective, whichever is greater. Graduate and Credential students are allowed to earn a maximum of 50 semester units or 167 percent of the units required for the graduate or credential objective, whichever is greater.

Failure to meet these requirements will result in removal from office and risk the recognition status of the organization.

NON-DISCRIMINATION STATEMENT: We certify that our organization has no rules or policies that exclude student participation and/or membership on the basis of gender, race, color, national origin, disability, age, ethnicity, religion, sexual orientation, pregnancy, marital status, citizenship, or veteran status, unless otherwise stipulated in Title IX.

HAZING STATEMENT: In light of University policy and Section 245.6 of the California Penal Code, we certify that there is no hazing in this organization. We understand that participation in or prior knowledge of any hazing activities within the organization may result in personal referral to the Dean of Students Office. Apathy or acquiescence in the presence of hazing is not a neutral act, and is also a violation of campus policy.

DORMANT ACCOUNT AGREEMENT: If our organization account is dormant for over 12 months, we authorize ASI to transfer the funds to either ALFB or a student organization of similar purpose. *If known:* We would like to specify that any dormant funds to go to _____ student organization.

INVOICE PAYMENT AGREEMENT: As officers/advisor of the above-named organization, we acknowledge that it is the responsibility of our organization to pay all debt incurred by our organization. We understand that any invoice must be paid immediately. If any outstanding charges are not paid within 60 days, we, as authorized signers on the student organization account, allow a representative from Student Life & Leadership (SLL) or Associated Students Inc. to authorize the withdrawal and payment of the total amount of the invoice from our account. **In the event the account has insufficient funds, the authorized signers will be personally responsible for the amount due.**

Additionally, if the invoice is not paid within the 60 day period and/or if the account has insufficient funds, then all activities, events and programs of our student organization will be placed on hold until all outstanding invoices are paid and a compliance meeting is scheduled with Student Life & Leadership. If our group is over 60 days past due with our bills, this information will be forwarded to the ASI VP of Finance to be considered in conjunction with any requests for ALFB funding. The second time our group is 60 days overdue, university recognition may be revoked by Student Life & Leadership for the remainder of the academic year.

POLICY STATEMENT: We certify that we will abide by all University regulations. We will read and review CSUSM policies by visiting <http://lynx.csusm.edu/policies/>. A policy overview will be provided at the annual Student Organization Recognition Conference. Failure to abide by University regulations will result in a review of the Student Organization's Recognition status and may result in individual referral to the Dean of Students Office.

President Name: _____ Signature: _____ Student ID: _____

Treasurer Name: _____ Signature: _____ Student ID: _____

Advisor Name: _____ Signature: _____ Department: _____