



**Alliant  
International  
University**

**Fresno Campus  
Student Club/Organization Registration Form**

**Academic Year: 2020-2021**

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Student Club/Organization Name

Continuing Student Club/Organization

New Student Club/Organization

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Campus Director: \_\_\_\_\_

Date: \_\_\_\_\_

Registration Date: \_\_\_\_\_

## Student Club/Organization – Intent to Organize

Address all areas (max. 2 pages, 12-point font, double spaced)

- Mission statement that describes the purpose of the student club/organization
- Summary of goals for the 2020-21 academic year
- Summary of events and activities intended
- Description of reason for intent to lead a student organization
- Summary of prior experience as a student leader and advocate
- Describe areas of interest specifically as it relates to the mission of this organization

## Chair/Co-Chair (Student Leader) Information

Chair Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Alliant E-mail: \_\_\_\_\_

Co-Chair Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Alliant E-mail: \_\_\_\_\_

## Alliant Faculty Advisor Information

Alliant Faculty Advisor Name: \_\_\_\_\_

Alliant International University requires each Student Club/Organization to partner with an advisor. The advisor must be a member of the faculty or administration and is responsible for the following:

- To be available to meet with the members of the organization, which he/she advises at the regular meetings or at a special meeting, called for that purpose.
- To promote relationship between and among students, faculty, staff and administration.
- To provide assistance to students in setting goals and planning activities for the Student Club/Organization.
- To assist students in developing co-curricular interest in line with the mission of Alliant International University (specifically, the person filling the position largely defines the role of an advisor).

I agree to serve as the advisor to the above-named Student Club/Organization for the 2019-2020 academic year and I intend to fulfill the above responsibilities to the best of my ability.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Alliant Advisor: \_\_\_\_\_

Office Ext. #: \_\_\_\_\_ Alliant E-mail: \_\_\_\_\_

## **Alliant International University Mission Statement**

Alliant International University has multiple visions. However, one of the missions of Alliant International University is to provide the highest quality education, training, research, and service in different fields of psychology and related human service fields. The institution strives to improve the quality of life by addressing major contemporary human social issues in a problem-solving way, fostering respect for human diversity in a multicultural society, and combating discrimination in all its forms. In all its activities, Alliant International University is committed to exhibiting the highest professional and ethical standards, addressing the needs of both individuals and organizations and serving those who are underserved.

### **Responsibilities/Conditions**

*Individuals responsible for a sanctioned Student Club/Organization must agree to the following:*

- In all activities, Student Club/Organization shall assume full responsibility for abiding by local, state, and federal laws and University regulations including the Student Code of Conduct and Mission Statement.
- Student Club/Organization events are restricted to registered students, faculty, and staff of the University.
- Student Club/Organization registration forms and supplemental documents are public information. Contact information and club descriptions will be published in printed format and made available electronically on myAlliant.

### **Agreement/Procedures**

*I will follow the Student Club/Organization procedures as described in the documents referenced below:*

- Event Proposal Template
- Event Flyer Template
- Reconciliation Form
- AdAstra Room Reservation Guidelines
- SGA Contact List
- SGA Meeting Calendar
- ADA Logo for Flyers

### **Statement of Truth and Release of Records**

*I certify that the foregoing information and any attachments or notations to these documents are true and correct.*

Chair: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Chair: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_