SGAC INFORMATION SHEET  
(Please write legibly and return to the Student Senate Office, CUB 201)

All groups, whether Senate Recognized or Campus Registered, MUST complete this sheet EVERY TIME new officers are elected OR by September 30 of each academic year.

Name of Student Group _____________________________________________________________

Date __________________________________________________________________________

(Please circle one) Senate Recognized Campus Registered

Senate Recognized Groups are those that function at Shippensburg University and allow open membership. Campus Registered Groups have more exclusive membership. These student groups include, but are limited to, academic co-curricular groups, academic and social fraternal associations.

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Advisors

1) Name ____________________________________________ Phone ____________
   Campus Address ______________________________________
   Email ______________________________________________

2) Name ____________________________________________ Phone ____________
   Campus Address ______________________________________
   Email ______________________________________________

Purpose

(This can be your mission statement or a short explanation of what your group is and what your group would like to accomplish.)

_____________________________________________________________________________

_____________________________________________________________________________

Return completed forms to: Student Association Vice President  Office Hours: M-F 8:30 a.m. – 4:30 p.m.
Student Senate Office  Office Telephone: 717-477-1651
CUB Room 201  Email: senvp@ship.edu
The following sections of this form are to be filled out by **Senate Recognized groups ONLY**

Current Membership # ____________________________________________________________

Last Year’s Membership # ____________________________________________________________

When do you elect your new officers? ____________________________________________________

**YOU MUST ATTACH A CURRENT LIST OF MEMBERS**

A minimum of 15 members is required in order to be considered a Senate Recognized student group.
Please read and review the following criteria. The Student Group & Activities Committee (SGAC) of the SU Student Senate is asking that all items be met in order to establish a closer communication link between the group and the advisor.

Please return this sheet to the Student Senate Office, CUB Room 201 as soon as possible.

If you are not planning on being the advisor for the upcoming year, please notify the officers of the appropriate group and the Vice President of the Student Association by calling x1651 or emailing at senvp@ship.edu.

Failure to turn in the group’s SGAC Information Sheet and to notify the Student Association (SA) of any changes will result in the club or organization’s loss of recognition privileges, as outlined in the Swataney.

I, (Print Name) ___________________________________________, agree to the following terms as I am a beneficial advisor for _______________________________. I shall:

1. Meet with officers at least once a semester.

2. Advise student groups in the exercise of responsibility, but not have the authority to control the policy of a student group.

3. Possess knowledge of the rules, regulations, policies and structures of the University as well as the Student Code of Conduct. I should also possess a knowledge and understanding of the goals and objectives of the student group I advise.

5. In the event that I cease my advisor status, the student group membership must take a formal vote to select a new advisor(s). After a vote has been cast, the student group must notify the Student Senate Vice President in order to make note of the change.

6. A student group may request to have more than one advisor approved by the Student Group & Activities Committee however; one must be designated as having the responsibility for overseeing all financial matters of the group.

Advisor’s signature ____________________________/Date ____________________________

Faculty/Staff ID# ________________________________