

**This form must be fully completed and signed by the OUTGOING president and submitted to the Office of Professional Affairs by May 12, 2017.**

**Please submit the form electronically to Amanda Hines (amanda.hines@ttuhsc.edu) or Dr. Krystal Edwards (krystal.edwards@ttuhsc.edu).**

I certify that the following information is true and correct to the best of our knowledge. All organization activities comply with all Texas Tech University Health Science Center, School of Pharmacy, federal and state laws, rules, regulations, and policies and in accordance with SOP OP 77.P.29 “Student Organization Guidelines and Faculty Advisors”.

By signing this document, I realize that I am obligated to spend our organization’s allocation in accordance with the Student Senate Funding Guidelines.

I am also aware that failure to abide by these regulations may result in cancellation of all remaining funds to our organization, as well as our organization assuming full liability for all expenditures past, present, and future; and that our organization will automatically by subject to future funding probation.

NAME OF ORGANIZATION NAME OF ADVISOR

PRESIDENT NAME PRESIDENT SIGNATURE

I certify that the information given on this financial statement is true and correct. (Financial data from local bank account and does not include TTUHSC student funds.)

TREASURER NAME TREASURER SIGNATURE

CHECKLIST OF REQUIREMENTS

For Office of Professional Affairs Use

I. Application

\_\_A. List of Officers with campus, email, and phone number

B. Advisor signature, title and campus

II. Constitution/By-Laws

A. Statement of Purpose

B. Relation to any other local, state or national organization

C. Constitution/By-Laws of related organization

III. Goals

IV. Required Activity Information

V. Budget

### STUDENT ORGANIZATION APPLICATION FOR REGISTRATION

TTUHSC SCHOOL OF PHARMACY

OFFICE OF PROFESSIONAL AFFAIRS

Organization Name:

Number of Members:

(attach roster of members)

Organization Officers:

Office Name Email Campus

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What month are new officers elected?

Frequency of Meetings: Weekly

Bi-Monthly

Monthly

Organization Advisor(s) (please list all):

**Declaration of Advisor**

I am aware of the responsibilities of a student organization advisor, and providing registration is granted, I agree to serve in that role for the above-named organization throughout the academic year per SOP OP 77.P.29 “Student Organization Guidelines and Faculty Advisors”.

( )

Signature of Lead Advisor Campus Phone #

Title IX of the Educational Amendments of 1972, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975 prohibits discrimination on the basis of race, national origin, creed, age, sex, marital status, and handicap in student organizations on campuses throughout the nation. The only exceptions to Title IX compliance are national sororities and fraternities.

It is hereby certified that the above named organization will abide by and conduct its activities in accordance with State and Federal law, its constitution and the rules, regulations, policies and procedures governing student organizations as formulated by Texas Tech University Health Sciences Center and the School of Pharmacy.

It is further certified that the information appearing above is true and correct and may be released as directory information.

Date Signature of Organization President

**ACTIVITIES**

**List and briefly describe all functions held during the previous year. This needs to include numbers participating and any significant measureable outcomes.**

**List all community service events held, including: date, location, number of attendees, and number of patients screened or counseled. (first one is an example – please delete and add your own)**

Event Date Location # of Students # of patients

Health Fair 1/1/17 United Market Street 12 31

**List all members who traveled to state, regional, or national meetings, attendees’ roles and the amount of travel money allocated to each person from the organization or university. (first one is an example – please delete and add your own**)

Student Name Meeting Attended Role @ Meeting $$ Allocated

Dr. Krystal Edwards ASHP Midyear attendee $150

**List of state, regional, and/or national awards received by the organization and its members, including poster presentations.**

**GOALS**

**What progress has been made on goals submitted to the Dean at the 2016 Leadership Retreat?**

**What are some anticipated/potential goals that need to be addressed in the 2017-18 year?**

**BUDGET**

**Please attach your proposed budget for all campuses as well as a financial report from the past year.**