



**TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.**

Student Services

Office of Student Services  
3601 4<sup>th</sup> Street, MS 8310  
Room 2C400  
Lubbock, TX 79430  
(806) 743-2300  
Fax (806) 743-3027

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 be subject to future funding probation.

**(Please Print)**

\_\_\_\_\_  
**ORGANIZATION**

\_\_\_\_\_  
**MAILING ADDRESS**

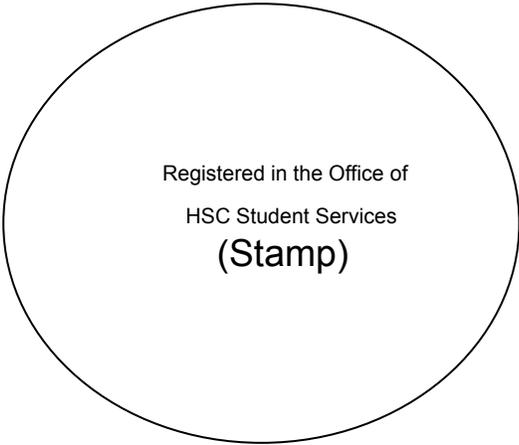
\_\_\_\_\_  
**ADVISOR(S)/DEPARTMENT(S)**

\_\_\_\_\_  
ORGANIZATION PRESIDENT NAME

\_\_\_\_\_  
PRESIDENT SIGNATURE

\_\_\_\_\_  
ORGANIZATION TREASURER NAME

\_\_\_\_\_  
TREASURER SIGNATURE



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
OFFICE OF HSC STUDENT SERVICES

**STUDENT ORGANIZATION DECLARATION OF INTENT FORM**

ORGANIZATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

This document verifies that the above-named group has declared its intent to pursue status as an officially registered student organization at Texas Tech University Health Sciences Center. After completing this form (including the signature of the proposed faculty/staff advisor) and returning it to the HSC Student Services Office. This statement of intent does not afford the group the privileges of registration and acceptance of this form by the HSC Student Services Office should not be viewed as official approval as to the merits of the group or its potential for registration.

At such time as the group completes the steps required for official registration outlined in the Registration of Student Organizations and is approved by the HSC Student Services Office, the new organization will be granted registration for the present school year. If the group does not complete the required registration steps within 30 days from the date the declaration of intent form is received, the intent is considered expired.

As a representative of the above-named group, I am aware of and understand the rules, regulation, policies and procedures governing student organizations as formulated by Texas Tech University Sciences Center and the Registration of Student Organizations Guidelines. I certify that this group will function in accordance with these policies and procedures.

\_\_\_\_\_  
Signature of Organization President

\_\_\_\_\_  
Signature of Faculty/Staff Advisor

\_\_\_\_\_  
Assistant Vice President for Student Services

\_\_\_\_\_  
Date Received

CHECKLIST OF  
REGISTRATION REQUIREMENTS

- \_\_\_ I. Application
  - \_\_\_ A. List of Officers
  - \_\_\_ B. Advisor signature, title and address
  
- \_\_\_ 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
  - \_\_\_ D. Proposed Activities

Office Use _____	Date Rec'd _____	Category _____
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**STUDENT ORGANIZATION APPLICATION FOR REGISTRATION**  
 TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
 OFFICE OF HSC STUDENT SERVICE

Organization Name: \_\_\_\_\_ Number of Members: \_\_\_\_\_

Office	Name	Address	Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Organization Advisor: \_\_\_\_\_

\*Official Organization Campus Mailing Address: \_\_\_\_\_  
*\*Notify the HSC Student Services Office immediately if a change of address occurs.*

What month are new officers elected? \_\_\_\_\_ Meeting Date(s): \_\_\_\_\_

Frequency of Meetings: Weekly \_\_\_ Bi-Monthly \_\_\_ Monthly \_\_\_

**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.

_____	_____	(____) _____
Signature of Advisor	Campus Address	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.

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