

Term _____

STUDENT ORGANIZATION ROSTER

Please submit this form to the director of student services at the beginning of each semester in order to renew your organization’s official registration with the University. The final dates this form will be accepted by the director of student services are as follows: Fall semester, September 30 and Spring semester, January 30. **IF THIS ROSTER IS NOT COMPLETED BY THESE SPECIFIC DATES YOUR ORGANIZATION WILL NOT BE RECOGNIZED OR FUNDED BY PEPPERDINE UNIVERSITY.**

Name of Student Organization: _____

Purpose of the Organization: _____

Faculty Advisor: _____

Current Officers:

Name

Phone

Email

President: _____

Vice-President: _____

Secretary: _____

Treasurer: _____

Other Officers: _____

PLEASE ATTACH A COMPLETE LIST OF ALL MEMBERS OF THIS ORGANIZATION.
(Include first and last name, phone number, and email for each member)

President and Advisor’s Agreement:

I have read and am familiar with the *School of Public Policy Academic Catalog* and the *School of Public Policy Student Organization Handbook*. I understand and accept the regulations and responsibilities regarding student organizations specified within these handbooks. In particular, it is my understanding that alcoholic beverages may not be served or consumed at any formal or informal meeting or gathering of the student organization I represent. In planning on/off campus events, I take responsibility for making whatever arrangements necessary to insure that alcoholic beverages will not be served or consumed.

Student Organization President

Student Organization Faculty Advisor