



# MILLIKIN UNIVERSITY®

Office of Inclusion and Student Engagement

## NEW Student Organization Registration Request

1184 West Main Street  
Decatur, Illinois 62522

The following information **MUST** be attached to this registration form:

- Statement of Purpose (in 50 words or less)
- Itemized Budget, if requesting funding
- If affiliated with a national organization, a copy of the National Constitution and By-Laws is required

NAME OF ORGANIZATION \_\_\_\_\_

Please indicate the category which best describes your organization:

- Special Interest    Programming    Media    Academic    Greek    Social    Honorary    Governance

The following people have been selected to conduct business and answer any questions about the organization:

**President**

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Treasurer**

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Advisor** (must be a member of Millikin University faculty or administrative staff)

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
University Department \_\_\_\_\_

**Membership must include at least five Millikin students, identified below:**

Name	MU Student ID#

Is your organization affiliated with a National Organization?    Yes    No

If yes, please list your National Headquarters contact and address:

Is your organization's membership open to all Millikin students?    Yes    No

If no, please specify \_\_\_\_\_

*Return this Registration Form with the required attachments to the Office of Inclusion and Student Engagement in RTUC.*

**ISE use only:**

Date Received: \_\_\_\_\_    APPROVED    DENIED

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Student Programs

- Account #    Status of Organization Forms    File Folder    Mailbox    Database