



STUDENT ORGANIZATION APPLICATION FOR REGISTRATION

Name of Organization _____

Date: _____ Registration Period: _____

Registration Status: (Select one) Level I _____ Level II _____

Applicants must attach appropriate documentation required for the registration status chosen. See Columbia State Policy Number 03:01:00: *Student Organizations and Clubs* for more information.

STATEMENT OF CERTIFICATION

“In seeking registration, the above named organization certifies that it will comply with all applicable rules, policies, regulations, and procedures of the Tennessee Board of Regents and Columbia State Community College and with all federal, state, and local laws and regulations.”

Print Name	Student ID Number	Signature

Attach additional sheet if necessary.

Columbia State Employee Sponsor(s):

For Office Use Only

Registration: Approved _____ Approved with Conditions _____ Disapproved _____ Date _____

Terms of Conditions: _____

Signed: _____

Associate Vice President for Student Services