

STUDENT ORGANIZATION REGISTRATION (RE-REGISTRATION) FORM

(Please e-mail this form to SBA@unlv.nevada.edu. Hardcopies will not be accepted.)

1. _____ wishes to register for the _____ academic year.
 (student organization name)

2. The officers for the above term are:

Name	Position	Phone	E-mail

3. University Advisor(s): (name, phone number)

Name: _____ Phone: _____

Advisor Signature: _____

Name: _____ Phone: _____

Advisor Signature: _____

4. Please attach an updated copy of the student organization's Constitution and/or Bylaws.

5. *To the best of my knowledge and the above-listed officer's knowledge, all of the following statements are correct: Attached is a copy of our most current constitution. Our members are part-time or full-time University of Nevada, Las Vegas William S. Boyd School of Law students.*

6. *To the best of my knowledge, I hereby certify that the student organization has five or more active members at the time this information is submitted. A roster or list of members has been attached for verification.*

7. *To the best of my knowledge, the student organization's purposes and its activities are not in*

conflict with University purposes, regulations and policies, or with State and/or Federal laws and regulations. With this signature, I hereby give permission for the above information to be made public upon request.

Signature of President/Chairperson

Date