

- New RSO
- Continuing RSO
- Update Information

**Kingsborough Community College**  
**Office of Student Life – C-123**  
**Phone: 718.368.5597 – Fax: 718.368.4801**

- Fall
- Spring
- Winter
- Summer
- Year 20 \_\_\_\_\_
- Date Received \_\_\_\_\_
- Submitted by \_\_\_\_\_
- Received by \_\_\_\_\_

## Registered Student Organization Registration

**NAME OF RSO:** \_\_\_\_\_

**MEETING DAY/TIME & LOCATION:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_ **RSO E-MAIL:** \_\_\_\_\_

**DATE WHEN ELECTIONS WERE HELD:** \_\_\_\_\_ *(PLEASE REMEMBER TO ATTACH MINUTES)*

In order to charter a student organization and maintain recognition at Kingsborough Community College a group must elect from its membership the following officer positions: President, Vice-President, Treasurer and Secretary. Each officer must have a 2.0 minimum GPA. RSO must also obtain a faculty or full-time staff member to serve as RSO advisor. Minutes showing the election results must be turned in with this form. *Use the back of this form to list the required information for any additional positions.*

**PRESIDENT** *(print name clearly & sign)*

Name \_\_\_\_\_ EMPL ID \_\_\_\_\_  
Print Name Sign Name

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Preferred Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_

PLEASE CHECK ONE

- I authorize the Office of Student Life to share my contact information and my email with other RSO presidents and KCC students interested in joining my RSO.
- I do not authorize the Office of Student Life to share my contact information and my email address.

**VICE PRESIDENT** *(print name clearly & sign)*

Name \_\_\_\_\_ EMPL ID \_\_\_\_\_  
Print Name Sign Name

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Preferred Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_

**TREASURER** *(print name clearly & sign)*

Name \_\_\_\_\_ EMPL ID \_\_\_\_\_  
Print Name Sign Name

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Preferred Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_

**SECRETARY** *(print name clearly & sign)*

Name \_\_\_\_\_ EMPL ID \_\_\_\_\_  
Print Name Sign Name

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Preferred Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_

**FACULTY/STAFF CO- ADVISOR** *(must be a faculty or full time staff member of Kingsborough Community College)*

Name \_\_\_\_\_ Department: \_\_\_\_\_  
Print Name Sign Name

Campus Mail Code: \_\_\_\_\_ Room #: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Have you served as advisor to this group in the past? \_\_\_\_\_ If so, for how many years? \_\_\_\_\_

**FACULTY/STAFF CO-ADVISOR** *(must be a faculty or full time staff member of Kingsborough Community College)*

Name \_\_\_\_\_ Department: \_\_\_\_\_  
Print Name Sign Name

Campus Mail Code: \_\_\_\_\_ Room #: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Have you served as advisor to this group in the past? \_\_\_\_\_ If so, for how many years? \_\_\_\_\_