TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
OFFICE OF STUDENT SERVICES

SCHOOL GOVERNMENT DECLARATION OF INTENT FORM

GOVERNMENT NAME: _______________________________________________________________

CONTACT PERSON: ______________________________________ HOME PHONE: __________________

CAMPUS ADDRESS: __________________________________ WORK PHONE: __________________

This document verifies that the above-named group has declared its intent to pursue status as an officially registered student organization at Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso). After completing this form (including the signature of the proposed faculty/staff advisor) and returning it to the Office of Student Services, the organization may hold up to three meetings pending action on its appeal. The organization may select officers and write a constitution during these meetings. This statement of intent does not officially register the organization and acceptance of this form by the Office of Student Services should not be viewed as official approval of the merits of the group or its potential for registration.

At such time that group completes the steps required for official registration (outlined in the Registration of Student Organizations Guidelines) — and is approved by the Office of Student Services — the new organization will be granted registration for the present school year. If the group does not complete the required registration steps within 30 days of submission of the date of declaration of intent form, the intent is considered expired.

As a representative of the above-named group, I am aware of and understand the rules, regulations, policies and procedures governing student organizations as formulated by TTUHSC El Paso and the Registration of Student Organization Guidelines. I certify that this group will function in accordance with these policies and procedures.

________________________________________
Signature of Organization President

________________________________________
Signature of Faculty/Staff Advisor

________________________________________
Director of Student Services

________________________________________
Date Received

CHECKLIST OF REGISTRATION REQUIREMENTS

___ I. Application
   ___A. List of officers
   ___B. Advisor signature, title & address

___ II. Constitution/By-Laws
   ___A. Statement of purpose
   ___B. Relation of any other local, state, or national organization
   ___C. Constitution/By-laws of related organization
   ___D. Proposed activities