



Northern Marianas College

OFFICE OF STUDENT ACTIVITIES & LEADERSHIP

P.O. Box 501250 • Saipan, MP 96950 U.S.A.

Phone: (670) 237-6706 • Fax: (670) 234-1270

www.marianas.edu

STUDENT ORGANIZATION CHARTER FORM

Please Check One: New Organization Annual Re-Charter

I. Official Organization Name: _____

II. Organization Information: *(Please complete all applicable data.)*

Organization email: _____

Number of Current members: _____ National Affiliation (if any): _____

III. Organization Contacts:

Primary Contact Person: _____ Title: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email Address: _____

IV. Officers:

****Please check the box next to the names of those students who will be returning next year (regardless of whether or not they will hold the same position next year)****

PRESIDENT Name/Phone/E-mail: _____

VICE PRESIDENT Name/Phone/E-mail: _____

TREASURER Name/Phone/E-mail: _____

SECRETARY Name/Phone/E-mail: _____

_____ Name/Phone/E-mail: _____

_____ Name/Phone/E-mail: _____

_____ Name/Phone/E-mail: _____

V. Advisors: All organizations must have two advisors who are full-time members of the NMC faculty, administration, or staff in order to be a registered student organization.

Advisor 1: _____ Department: _____

Campus E-mail: _____ Campus Phone Number: _____

V. Advisors (Continued):

Advisor 2: _____ Department: _____

Campus E-mail: _____ Campus Phone Number: _____

VI. Regularly Scheduled Meetings

If your organization meets at a regularly scheduled time and place, please provide that information below. This information will be posted online for interested students to find. However, this information does not reserve your space- you MUST complete the appropriate forms to actually reserve this meeting space.

Day: _____ Time: _____ Location: _____

VII. Club Agreement:

In submitting this charter form, we hereby certify that the information provided is correct. We further understand that granting of a charter by ASNMC student government does not mean the associated students of NMC support or adhere to the views held or position taken by our club. We further agree to willfully abide by current laws, regulations and policies that have been established by the federal government, the Commonwealth of the Northern Mariana Islands, the Board of Regents, Northern Marianas College, and ASNMC. Any willful violations of such rules are the responsibility of our club and shall be considered just cause for disciplinary action, including loss of privileges and sanctions, against our club and its officers.

I certify that _____ (Student Organization) is composed of members who are students at the Northern Marianas College. I also certify that the organization meets the criteria and definition of a student organization. I hereby voluntarily take responsibility for providing the information on this form and authorize the Office of Student Activities and Leadership to release the information upon receipt of legitimate request.

President Name: _____ Signature: _____

Vice President Name: _____ Signature: _____

***In accepting the position of advisor, I have reviewed the club’s constitution and have agreed to be the club’s advisors.**

1. Advisor Name: _____ Signature: _____

2. Advisor Name: _____ Signature: _____

****For Office Use Only****

Bylaws and Constitution Attached/Submitted Approved Disapproved

If applicable, disapproved for the following reasons:

ASNMC V. President (Name): _____ Signature: _____ Date: _____

Concurred by:

Student Leadership Coordinator (Name): _____ Signature: _____ Date: _____

Dean of LSS (Name): _____ Signature: _____ Date: _____