

Accreditation of Student Organization Application Form

All groups who wish to become an Accredited **Campus Group** or **Academic Society** must submit the following information to the Student Experience Office electronically (seo@carleton.ca) or by hard copy to room 430 Tory. Interested student organizations may apply for accreditation as Campus Groups or Academic Societies at any time during the academic year. The accreditation period will conclude on September 30. By completing and signing this form, student organization executive members understand and agree to abide by the regulations set out in the Policy on the Accreditation of Student Organizations. This form applies the university's Accreditation process; it is not affiliated with CUSA's Clubs and Society certificate program in any way.

* It is mandatory to complete all fields in this form.

Should you have questions about its completion, please contact: seo@carleton.ca

1. Student Organization Information

Name of Organization & Acronym (If applicable): _____

Description of Organization: _____

Organization E-mail: _____

Main Contact for Student Organization

Full Name: _____

Student Number: _____

Telephone Number: _____

Carleton E-mail: _____

2. Student Organization Executives (President, VP's, etc.)

1. Name: _____

Title: _____

Student Number: _____

Telephone Number: _____

E-mail: _____

2. Name: _____
Title: _____
Student Number: _____
Telephone Number: _____
E-mail: _____

3. Name: _____
Title: _____
Student Number: _____
Telephone Number: _____
E-mail: _____

3. Student Organization Constitution or Mission Statement

All student organizations who wish to be accredited by the Student Experience Office must submit a copy of their Organization's most up to date Constitution and/or Mission Statement appended to this form. Failure to provide this documentation will prevent your application from being considered.

Authorization of Faculty or Staff Advisor

***For Academic Societies ONLY**

Department Affiliation: _____

Faculty or Departmental Staff Advisor: _____

Advisor Phone Ext: _____ Advisor E-mail: _____

Membership List

As per the Policy on the Accreditation of Student Organizations, student organizations must provide a minimum of ten (10) student signatures along with their printed names and student numbers of students who are supportive of the organization being accredited. Students must be actively enrolled in courses at Carleton University.

Number of Members (including this list and all others): _____

Name	Student Number	Signature	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Agreement

The below named representatives from the Student Organization acknowledges that they have read the Accreditation of Student Organization Policy, understand it and agree to be bound by it.

Student organizations may apply for accreditation as Campus Groups at any time during the academic year. The term of this agreement shall be from the date of accreditation until September 30 annually. Groups seeking continued accreditation beyond a particular academic term/year should apply for renewal no later than September 30 in the next academic year.

By signing this agreement, each Student Organization (Campus Group or Academic Society) seeking accreditation agrees that they comply with the Ontario Human Rights Code and will not exclude individuals seeking membership based on protected grounds.

By signing this agreement, each Student Organization (Campus Group or Academic Society) seeking accreditation understands that they cannot be accredited by University and certified by the Carleton University Students' Association simultaneously.

It is also understood that the Student Experience Office will not issue any financial funding or collect any mail or delivery packages on behalf of the Student Organization.

Failure to abide by this agreement may result in the Student Organization losing its accreditation status along with all the benefits pertaining thereto. The individuals who have violated this agreement may also face sanctions under the University's Student Rights and Responsibility Policy.

Representative from the University (Student Experience Office) for *Campus Groups*:

_____	_____	_____
Director of Student Life	Signature	Date

Representative from the University (Faculty Dean or Designate) for *Academic Societies*:

_____	_____	_____
Dean or Designate Position	Signature	Date

Representatives from the Student Organization (requires a minimum of one signature)

_____	_____	_____
Name (please print)	Signature	Date

_____	_____	_____
Name (please print)	Signature	Date

_____	_____	_____
Name (please print)	Signature	Date

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O.1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information, please contact the University Privacy Office (607 Robertson Hall, 613-520-6600 ext.2047). Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.