

2016-2017
Drexel University College of Medicine
Student Government Association
Student Organization STATEMENT OF DECLARATION
GENERAL INFORMATION

STUDENT LEADER(S):

Name: _____
Position: _____
Email: _____
Telephone #: _____
Class: _____

Name: _____
Position: _____
Email: _____
Telephone #: _____
Class: _____

Name: _____
Position: _____
Email: _____
Telephone #: _____
Class: _____

Faculty Advisor(s) (Name, Department, Email): _____

Did your organization submit a Statement of Declaration last semester? (Yes/No): _____
Did your organization submit a Budget Request Form last semester? _____
Has the group submitted a Statement of Declaration or Budget Request Form before? _____

Please provide a brief description of the purpose of your student organization. Also include how it is different from existing organizations (200 words max – may be used in Activities Fair Brochure):

This form must be completely filled out, signed, and emailed to Molly Kaplan (mdsgagrpliaison@drexel.edu) by the deadline specified in the Budget Request Instruction Packet. By typing in your name, you are signing this form and attest that all the information in this document is complete and accurate to the best of your knowledge and that your organization will follow all guidelines and rules set forth by the SGA. Inconsistencies will be investigated and referred to the Honor Court if aberrant practices are suspected.

If you have any questions before signing and submitting this form, contact Molly Kaplan (mdsgagrpliaison@drexel.edu).

Student Leader 1's Electronic/Written Signature: _____
Student Leader 2's Electronic/Written Signature: _____
Student Leader 3's Electronic/Written Signature: _____

Date: _____

- For SGA Purposes Only -

Student Group Status: ACTIVE UNRECOGNIZED