



Student Organization Registration Form

DATE:	Registered with ORCSA*? (Circle) Yes No
NAME OF ORGANIZATION	
Mission statement	
What is the mission of your organization? Attach additional pages as needed.	
Annual Goals of the Organization	
What are the major activities your organization plans to sponsor in the coming year? Please also note the purpose of the event. Attach additional pages as needed.	
ORGANIZATIONAL LEADERSHIP	
PRINCIPLE CONTACT FOR ORGANIZATION (WITH TITLE IF APPLICABLE):	
EMAIL ADDRESS:	CONTACT NUMBER:
SECONDARY CONTACT FOR ORGANIZATION (WITH TITLE IF APPLICABLE):	
EMAIL ADDRESS:	CONTACT NUMBER:
ADDITIONAL CONTACT INFORMATION (WITH TITLES IF APPLICABLE):	
EMAIL ADDRESS:	CONTACT NUMBER:
Attach extra sheet with additional contacts if needed.	
PRITZKER SCHOOL OF MEDICINE FACULTY SPONSOR	
FACULTY SPONSOR NAME:	
DEPARTMENT:	
EMAIL ADDRESS:	CONTACT NUMBER:
Signatures	
I certify that the information contained in this application is accurate to the best of my knowledge:	
Signature of principle organizational contact:	Date:
Signature of faculty sponsor:	Date: