

Annual Review Form (ARF) for Recognized Student Organizations (RSO's)

200 Nebraska Union, 0453, (402)472-2454
300 Nebraska East Union, 0923, (402) 472-1780
involved.unl.edu

STUDENT INVOLVEMENT **involved.unl.edu**
YOUR VIBRANT HUB!

<input type="checkbox"/> Recognized	Staff Initials	mo	day	yr
<input type="checkbox"/> Letter of Intent	_____	___/___/___		
<input type="checkbox"/> Greek	Time _____	NU	EU	
<hr/>				
<input type="checkbox"/> Fall Registration	<input type="checkbox"/> Winter Registration	<input type="checkbox"/> Spring Registration		
<input type="checkbox"/> Annual Orientation	___/___/___	INT		

This form is required to maintain active recognition status and receive the privileges of RSOs at UNL. The ARF must be submitted by the President or Treasurer of the student organization listed below. Persons whose signatures appear on this form are authorized to transact financial business for the below named student organization. An orientation is required at the time of submission in accordance with ASUN Bylaw Special Rules, Section 8.

Organization: _____ (_____) **SOFS Account #:** _____
Official Organization Name acronym

Organization Campus Mail Address: _____ (_____)
Building Room# Campus Zip

Please circle approximately how many members are in your RSO as of today: 5-25 25-50 50-75 75+

Affiliated/Funded through: UNL UNO UMNC Department Name: _____

I understand and will comply with all University, Board of Regents, ASUN Student Government, state, and federal policies, rules, statutes, and regulations as defined in the RSO Book, during RSO business and financial transactions and appropriate preparation of legal contracts. I will also report any questionable or inappropriate activities or transactions to appropriate University administrators. I authorize Student Involvement to publish my contact information with my RSO's information in print & online directories.

President Name: _____
Preferred Name: _____
Signature: _____
Election Date: ___/___/___ Ends: ___/___/___
 Email: _____
 Phone: _____
NU ID: _____

Treasurer Name: _____
Preferred Name: _____
Signature: _____
Election Date: ___/___/___ Ends: ___/___/___
 Email: _____
 Phone: _____
NU ID: _____

Primary Programmer Name: _____
Preferred Name: _____
Election Date: ___/___/___ Ends: ___/___/___
 Email: _____
 Phone: _____
NU ID: _____

Please indicate the information you DO NOT wish to be published with your organization by checking the appropriate boxes above next to the information to be withheld. Be aware that this may make it difficult for prospective members to contact you.

I understand and will follow the RSO Advisor's Handbook by assisting the RSO in complying with all University, Board of Regents, state, and federal policies, rules, statutes, and regulations as defined in the RSO Book; by approval and sign-off on all RSO business and financial transactions; and by appropriate preparation of legal contracts. I will also report any questionable or inappropriate activities or transactions to appropriate University administrators. I authorize Student Involvement to publish my contact information with my RSO's information in print & online directories.

Advisor #1 Name: _____
Signature: _____
Phone: _____
Email: _____
NU ID: _____
 Professional/Managerial Faculty

Advisor #2 Name: _____
Signature: _____
Phone: _____
Email: _____
NU ID: _____
 Professional/Managerial Faculty Graduate Other

Which Student Involvement services are most important to your RSO? Please check all that apply:

- Workshops
- Fundraising/Additional Funding Sources
- Membership Education
- Programming Advice/Assistance
- Software Training
- Design Work
- Free Pepsi Product
- Policy Education

DO NOT MAIL THIS FORM.

Return Completed and **SIGNED** Form **IN PERSON** to: Student Involvement at 200 Nebraska Union or 300 Nebraska East Union

Student Involvement STAFF ONLY. Entered in database:
 Advisers President Treasurer Programmer Made Copies Scanned into Computer