

New RSO  
 Continuing RSO  
 Update Information

**Kingsborough Community College**  
**Office of Student Life – C-123**  
**Phone: 718.368.5597 – Fax: 718.368.4801**

Fall       Winter  
 Spring     Summer  
Year 20 \_\_\_\_\_  
Date Received \_\_\_\_\_

**Registered Student Organization (RSO) Registration Form**

**NAME OF RSO:** \_\_\_\_\_

**MEETING DAY/TIME & LOCATION:** \_\_\_\_\_

**RSO INSTAGRAM:** \_\_\_\_\_ **RSO E-MAIL:** \_\_\_\_\_

**DATE WHEN ELECTIONS WERE HELD:** \_\_\_\_\_ *(PLEASE REMEMBER TO ATTACH MINUTES)*

In order to charter a student organization and maintain recognition at Kingsborough Community College a group must elect from its membership the following officer positions: President, Vice-President, Treasurer and Secretary. Each officer must have a 2.0 minimum GPA. RSO must also obtain a faculty or full-time staff member to serve as RSO advisor. Minutes showing the election results must be turned in with this form.

**PRESIDENT** *(print name clearly & sign)*  
Name \_\_\_\_\_ EMPL ID \_\_\_\_\_  
Print Name Sign Name  
Mailing Address: \_\_\_\_\_  
Street Address City State Zip  
Preferred Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_  
PLEASE CHECK ONE  
 I authorize the Office of Student Life to share my contact information and my email with other RSO presidents and KCC students interested in joining my RSO.  
 I do not authorize the Office of Student Life to share my contact information and my email address.

**VICE PRESIDENT** *(print name clearly & sign)*  
Name \_\_\_\_\_ EMPL ID \_\_\_\_\_  
Print Name Sign Name  
Mailing Address: \_\_\_\_\_  
Street Address City State Zip  
Preferred Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_

**TREASURER** *(print name clearly & sign)*  
Name \_\_\_\_\_ EMPL ID \_\_\_\_\_  
Print Name Sign Name  
Mailing Address: \_\_\_\_\_  
Street Address City State Zip  
Preferred Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_

**SECRETARY** *(print name clearly & sign)*  
Name \_\_\_\_\_ EMPL ID \_\_\_\_\_  
Print Name Sign Name  
Mailing Address: \_\_\_\_\_  
Street Address City State Zip  
Preferred Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_

**FACULTY/STAFF ADVISOR** *(must be a faculty or full-time staff member of Kingsborough Community College)*  
Name \_\_\_\_\_ Department: \_\_\_\_\_  
Print Name Sign Name  
Campus Mail Code: \_\_\_\_\_ Room #: \_\_\_\_\_ Campus Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_  
Have you served as advisor to this group in the past? \_\_\_\_\_ If so, for how many years? \_\_\_\_\_

It is the responsibility of all officers to know the rules and regulations for maintaining recognition as an RSO as per the RSO Manual. Failure to abide by these policies could result in suspension of your group and/or college disciplinary action.