



### **Office of Students Affairs**

Rochester Institute of Technology | DSO (RIT Dubai) UAE Tel +971 4 3712135 / 4 3712000 Fax +971 4 3208819

RIT Dubai Registration Application for Academic Department Student Club and Organizations

| • | Name of the proposed student club or organization: |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
| • | Club Establishment Date and Year:                  |
|   |  |
|   |  |
|   |  |
|   |  |
| • | Brief Overview of the Club:                        |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |





| • | Club Mission:  |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| • | Club Activities:   |
|   | ibe the types of activities your club will organize: (These must be open to the entire udent body) |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| • | Ideal Budget Breakdown (tentative):  |
|   |  |
|   |  |
|   |  |
|   |  |





| <ul> <li>Faculty/ Staff advi</li> </ul> | usor details | S |
|---|--------------|---|
|---|--------------|---|

| Faculty Name | College/ Department | Email | Phone |
|--------------|---------------------|-------|-------|
|              |                     |       |       |

# • Board Members of the Club/ Organization:

## **Contact Information**

| President's Name         | College/ Department | Email | Phone |
|--------------------------|---------------------|-------|-------|
|                          |                     |       |       |
| Vice President's<br>Name |                     |       |       |
|                          |                     |       |       |
| Treasurer's Name:        |                     |       |       |

# • Members of the Club:

### **Contact Information**

| Student Name<br>(first and last) | College/ Department | Email | Phone |
|----------------------------------|---------------------|-------|-------|
|                                  |                     |       |       |
|                                  |                     |       |       |
|                                  |                     |       |       |
|                                  |                     |       |       |
|                                  |                     |       |       |
|                                  |                     |       |       |





| •<br>Appro | Dean of Respective Academic Department: Approved or not Approved: |  |  |
|------------|---|--|--|
|            |   |  |  |
|            |   |  |  |
|            |   |  |  |
| •          | Dean of Respective Academic Department Feedback:                  |  |  |
|            | Dean of Respective reducinie Department recubacis                 |  |  |
|            |   |  |  |
|            |   |  |  |
| •          | Dean's Name and Signature:  |  |  |
|            |   |  |  |
|            | Date:   |  |  |





| •     | Office of Student Affairs:                |
|-------|---|
| Appro | ved or not Approved:                      |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
| •     | Student Affairs Feedback or comments:     |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
|       |   |
| •     | Student Affairs Staff Name and Signature: |
|       |   |
|       |   |
|       | Date:                                     |
|       | Dutc.                                     |