



InterAmerican Campus



RECEIPT OF STUDENT ORGANIZATION MANUAL,
POLICIES, AND PROCEDURES

DATE _____

TERM _____

ORGANIZATION NAME

ADVISOR NAME

DEPARTMENT/ROOM # _____ PHONE NUMBER _____

WE, THE UNDERSIGNED MEMBERS OF

DO HEREBY ATTEST THAT WE HAVE RECEIVED AND READ PERTINENT POLICIES REGARDING THE RESPONSIBILITIES OF CAMPUS ORGANIZATIONS AND THE VARIOUS COLLEGE POLICIES REGARDING SUCH ORGANIZATIONS. WE HAVE ALSO BEEN INFORMED THAT VIOLATIONS OF THESE POLICIES WILL BE SUFFICIENT CAUSE FOR ANNULMENT OF OUR ORGANIZATION CHARTER AND REVOCATION AS AN APPROVED ORGANIZATION.

Signature of the Organization President

Date

Signature of the Advisor

Date

Signature of the Student Life Director

Date