



Student Organisation Registration Form

Student Organisation Name	
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Checklist (Tick if completed)

Office Bearers List	
Advisor Verification Form	
Constitution	

Prepared by:

Secretary

Name:

Student ID:

Date:

Submitted by:

President

Name:

Student ID:

Date:

Endorsed by:

Advisor

Name:

Staff ID:

Date:

ADVISOR VERIFICATION FORM

Advisor's Information

Advisor's Name: _____

Department: _____

Division /Faculty: _____

I am currently employed as a UCSI University staff. My agreement to become Advisor is on a voluntary basis and not stipulated in my job description.

Signature: _____ **Date:** _____

Verification by Advisor's Supervisor

I am fully aware and agreed for the above-named staff to takes responsibility as Advisor for the organization on a voluntary basis.

Signature: _____ **Date:** _____

Supervisor Name: _____

