# Procedures and Information for Registered Medical Student Organizations on the Medical College of Virginia Campus of Virginia Commonwealth University

#### 1.0 Purpose

Establish procedures for registering Medical Student Organizations on the Medical College of Virginia Campus of Virginia Commonwealth University.

#### 2.0 Procedures

- 2.1 Registration for new, reactivated and existing Student Organizations and monitoring of organizations.
- 2.2 Students desiring to establish a new organization, reactivate an organization or register an existing organization at the University must complete and submit to the Office of Students Activities for the School of Medicine a Student Organization Registration Form.
- 2.3 All established and currently existing organizations must complete and submit to the Office of Student Activities of the School of Medicine a Student Organization Registration Form by September 30<sup>th</sup> of each academic year.
- 2.4 Student Organization Registration Forms for any new or reactivated organization may be submitted anytime during the academic year.
- 2.5 Registrations forms will not be accepted if:
  - 2.5.1 The form is incomplete
  - 2.5.2 The form lists officers and members who do not meet the established enrollment criteria
  - 2.5.3 The form contains incorrect information
  - 2.5.4 The objectives or operation of the organization are inconsistent with the mission of the University, or in violation of University policies or local, state or federal statutes.
- 3.0 Regulations: By completing the Registration Form, the organization and its members agree that:
  - 3.1 The purpose of the organization is consistent with the mission of the University for student organizations. Registration does not imply University approval of the organization and its goals.
  - 3.2 The organization will not use the University or School of Medicine name, logo, or an abbreviation of the University or School of Medicine name, in the name of the student organization in such a manner to suggest that the University or School of Medicine sponsors the organization. Student organizations may use "at VCU" following the name of the student organization, so that the location of the organization is reflected in the name. This restriction applies to references to the organization in any medium, including web sites.
  - 3.3 The purposes and activities of the organization are not in violation of local, state or federal statutes or of University regulations or objectives as published by the University.
  - 3.4 The organization will conduct its affairs in a lawful manner and in accordance with the constitution and bylaws it has on file (or in accordance with procedures as stated on its application) and in observance

- of the applicable University regulations and local, state and federal statutes.
- 3.5 The organization will be responsible for the observance of all applicable University regulations and other local, state and federal statutes by off-campus individuals or organizations participating in the activities of the student organization.

#### 4.0 Funds

- 4.1 Under no circumstances may a Student Organization use the University's tax-exempt status or federal identification number for purposes of soliciting or obtaining funds.
- 4.2 Each organization is responsible for maintaining appropriate financial records.
- 4.3 Each organization is solely responsible for any debts incurred by the organization.
- 4.4 It is recommended, but not required, that Student Organizations maintain a University account rather than an individual banking account.
- 4.5 All organizations obtaining funding through the Medical Student Government of the School of Medicine or the School of Medicine Annual Fund are required to maintain these funds in a University account.
- 4.6 Organizations obtaining funding through the Medical Student Government of the School of Medicine or the School of Medicine Annual Fund are required to state on all printed material and in all advertisements that the event or organization is funded fully or in part by the above entities. In addition, organizations obtaining funding through the School of Medicine Annual Fund are asked to use the annual fund logo on all promotional activities.
- 4.7 Student organizations should contact the Development Office for the School of Medicine prior to soliciting funds from alumni, major donors, foundations and corporations, including pharmaceutical companies.
- 4.8 Student organizations should contact the Student Activities Office for the School of Medicine prior to soliciting funds from faculty or University departments.

#### 5.0 Travel

- 5.1 All student organizations requesting reimbursement for travel using funds from the Medical Student Government of the School of Medicine or the School of Medicine Annual Fund are required to follow University guidelines regarding travel.
  - 5.1.1 Prior to travel, a designated representative of a student organization should submit a travel authorization form to the Associate Dean of Student Activities for signature.
  - 5.1.2 After travel, a designated representative of a student organization should submit a travel reimbursement form with the necessary documentation to substantiate expenses.
- 5.2 All activities involving travel outside the United States or welcoming/hosting international guests to Virginia Commonwealth University need to be registered with the Executive Director of the Office of International Education.

## 6.0 Other Activities

- 6.1 All other activities initiated/conducted by individuals or organizations are considered private events.
- 6.2 The individuals or organizations initiating/conducting such activities assume sole responsibility and liability.

#### **Office of Student Activities**

### **Student Organization Registration Form**

Academic Year \_\_\_\_\_

Please print or type legibly where signatures are required.

Name of Organization:	<del></del>		
Former Name of Organization:			
Check all that apply: ☐ Fall Renewal ☐ 1	New	☐ Reactivation	
Organization's Email and/or Web Addresses:			
Purpose of Organization:			
$\ \square$ Yes $\ \square$ No Will This organization have affiliat international organization(s)? If yes, please name and			
☐ Yes ☐ No Does this organization have a consti	itution and byla	ws? If yes, please atta	ach a copy.
President, Primary Officer Name (Printed):			
Signature:			
Local Address:			
Local Phone:	E-mail:		
Treasure/Financial Officer Name (Printed):			
Local Address:			
Local Phone:	E-mail:		
Faculty/Staff Advisor (if applicable):			
Name:			
Local/ Campus Address:			
Local/Campus Phone:	E-mail:		
Statement of Commitment and Consent I have read and understand the rules and regulations and Information for Registering Student Organization and affirm that this registration form is true and corre	ns on the Medic	al Campus of Virginia	
President's Signature ONLY:		]	Date:
Advisor's Signature ONLY:			Date:
Associate Dean of Student Activities Signature:		-	Date: