**Semester Plan**

– SUNY Korea Student Clubs –

| Maintaining Registered Status   * Clubs must hold at least bi-weekly meetings which are scheduled and provided to the SUNY Korea Club Committee in the Semester Plan. * Meetings must be open for members of the SUNY Korea Club Committee to inspect. * Random inspection will happen once a semester. * These meetings must have a minimum of 5 attendees or 25% of the membership number, whichever is the largest number. * If the club does not meet these requirements upon inspection by a SUNY Korea Club Committee member, they will have an opportunity for two more random inspections to meet the requirements before action is taken by the SUNY Korea Club Committee. | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Club Information** | | | | | | |
| **Club Name** | |  | | **Semester / Year** |  | |
| **Executive Information** | | | | | | |
| **President Name** | | |  | | | |
| **Student ID** |  | | **Contact** |  | **Email** |  |
| **Vice President Name** | | |  | | | |
| **Student ID** |  | | **Contact** |  | **Email** |  |
| **Treasurer Name** | | |  | | | |
| **Student ID** |  | | **Contact** |  | **Email** |  |
| **Faculty Advisor Information** | | | | | | |
| **Faculty Advisor**  Must be a SUNY Korea Faculty Member (advisor of max. 2 clubs) or a SUNY Korea Staff Manager level or Higher (advisor of one club) | |  | | **Advisor Email** |  | |
| **Advisor’s University Position** | |  | | **Office Location** |  | |

| **Membership (Required)** | | | | |
| --- | --- | --- | --- | --- |
| **Total Number of Members** | | |  | |
| **☐ Membership Waiver Form Signatures Attached** | | | | |
| **Regular Meeting (Required)** | | | | |
| **☐ Weekly**  **☐ Bi-Weekly (minimum)**  **☐ Other** | | | | |
| **Date** |  | | | |
| **Time** |  | | | |
| **Location** |  | | | |
| **Club Office (Optional)** | | | | |
| **☐ Applying for Club Office**  Club Office Leases are a one-semester contract that begins the sixth week of the semester until the third week of the following semester. | | **Preferred Club Office Number** | |  |
| **Current Club Office Number** | |  |
| **How do you intend on using the office space?**  **Why do you believe your club requires office space?**  (250 words max) | |  | | |
| Club Office Selection Criteria:   1. Maintaining Registered Status 2. Membership Size   The USC will be responsible for monitoring the Student Club Rooms throughout the semester to ensure they are being used appropriately. | | Club Office Hours are 8 am to 12 am (mid night). All parties must not be remaining in the room later than 12 am (mid night).  Club office is to be kept clean and tidy at all times.  Clubs and organizations are only allowed to use the assigned room and relocation of university facilities is prohibited.  Alcohol consumption and smoking is strictly banned anywhere on campus including club rooms.  There will be no live bands or excessive noise from stereo equipment. If any viable complaints are received from others, the party will end immediately.  Nothing may be tacked, stapled or nailed to the walls or ceilings of the room. Tape may be used to hang light materials such as balloons, banners, etc.  No flammable material - candle, matches, lighter, burner, etc. – is allowed in the club room.  The university is not liable or responsible for injury theft or damage to persons or property in connection with the use of the club room. The university is not responsible for any personal property left in the club room.  The club executives are responsible for informing the Student Services Team whether or not they will renew their use of the club office in the coming semester.  \*If any of the above rules and/or student conduct code is violated in a club office, the club/organization office use will be suspended temporarily or permanently. Depending on the situation the club/organization may be forced to be inactivated.\* | | |
| **Executive Member Signature** | | | | |
| **I hereby attest all information contained in this application is truthful and accurate.** | | | | |
| Date: Club Official’s Signature: | | | | |

| **Faculty Advisor** |
| --- |
| **I agree to take the responsibility to advise this SUNY Korea Student Club for one year (fall and spring semester)** |
| Date: Faculty Advisor’s Signature: |