GSO Department Registration Form

This form should be used to register departments that wish to use GSO departmental allocation funds, but have no associated, registered graduate student organization, and which have no more than 30 matriculated graduate students in the department. There is no specific deadline to submit this form. However, you may be asked to submit this form before the first use of your dept's GSO funding allocation each year, if your dept has no registered student organization.

Please provide one primary and at least two secondary graduate student contacts in the dept. These individuals will be contacted if the GSO has any questions concerning fund disbursement, and should be the individuals who make such requests. Please also provide the name of a University faculty or staff member. They are to act as an advisor to the graduate students of the dept in matters related to the use of the GSO dept allocation for the remainder of the current academic year. They are only expected to advise the students on university policies to the best of their ability, if the students need such advice. The graduate students listed below are also strongly encouraged to ask the GSO Internal Vice President and/or Comptroller about GSO Fiscal Policy. This form's purpose is to ensure proper accountability in the use of GSO funds.

Department: ________________________________________________________________

Primary Graduate Student: ______________________________________________________

Email: ________________________________________________________________

Signature: _____________________________ Date: ______________

Graduate Student: ____________________________________________________________

Email: ________________________________________________________________

Signature: _____________________________ Date: ______________

Graduate Student: ____________________________________________________________

Email: ________________________________________________________________

Signature: _____________________________ Date: ______________

University Advisor: __________________________________________________________

Email: ________________________________________________________________

Signature: _____________________________ Date: ______________