



Annual Review Form (ARF) for Recognized Student Organizations (RSO's)

SI STUDENT INVOLVEMENT **involved.unl.edu**
YOUR VIBRANT HUB!

200 Nebraska Union, 0453, (402)472-2454
300 Nebraska East Union, 0923, (402) 472-1780
involved.unl.edu

<input type="checkbox"/> Recognized	Staff Initials	mo	day	yr
<input type="checkbox"/> Letter of Intent	_____	____/____/____		
<input type="checkbox"/> Greek	Time _____	NU	EU	
<input type="checkbox"/> Fall Registration <input type="checkbox"/> Winter Registration <input type="checkbox"/> Spring Registration				

This form is required to maintain active recognition status and receive the privileges of RSOs at UNL. The ARF must be submitted by the President or Treasurer of the student organization listed below. Persons whose signatures appear on this form are authorized to transact financial business for the below named student organization. An orientation is required at the time of submission in accordance with ASUN Bylaw Special Rules, Section 8.

Organization: _____ (_____) **SOFS Account #:** _____
Official Organization Name acronym

Organization Campus Mail Address: _____ (_____) _____
Building Room# Campus Zip

Affiliated/Funded through: ☐ UNL ☐ UNO ☐ UNMC Department Name: _____

Student Organization Executive Term: ☐ April - March ☐ Sept - Aug ☐ Jan - Dec

I understand and will comply with all University, Board of Regents, ASUN Student Government, state, and federal policies, rules, statutes, and regulations as defined in the RSO Book, during RSO business and financial transactions and appropriate preparation of legal contracts. I will also report any questionable or inappropriate activities or transactions to appropriate University administrators. I authorize Student Involvement to publish my contact information with my RSO's information in print & online directories.

President Name: _____

Preferred Name: _____

Signature: _____

☐ Email: _____

☐ Phone: _____

NU ID: _____

Treasurer Name: _____

Preferred Name: _____

Signature: _____

☐ Email: _____

☐ Phone: _____

NU ID: _____

Primary Programmer Name: _____

Preferred Name: _____

☐ Email: _____

☐ Phone: _____

NU ID: _____

Please indicate the information you DO NOT wish to be published with your organization by checking the appropriate boxes above next to the information to be withheld. Be aware that this may make it difficult for prospective members to contact you.

I understand and will follow the RSO Advisor's Handbook by assisting the RSO in complying with all University, Board of Regents, state, and federal policies, rules, statutes, and regulations as defined in the RSO Book; by approval and sign-off on all RSO business and financial transactions; and by appropriate preparation of legal contracts. I will also report any questionable or inappropriate activities or transactions to appropriate University administrators. I authorize Student Involvement to publish my contact information with my RSO's information in print & online directories.

Advisor #1 Name: _____

Signature: _____

Phone: _____

Email: _____

NU ID: _____

☐ Professional/Managerial ☐ Faculty

Advisor #2 Name: _____

Signature: _____

Phone: _____

Email: _____

NU ID: _____

☐ Professional/Managerial ☐ Faculty ☐ Graduate

DO NOT MAIL THIS FORM.

Return Completed and **SIGNED** Form **IN PERSON** to: Student Involvement at 200 Nebraska Union or 300 Nebraska East Union

Student Involvement STAFF ONLY. Entered in database:

____ Advisers ____ President ____ Treasurer ____ Programmer ____ Made Copies ____ Checked Registration Period