

# N 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
<hr/>				
<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