

ANNUAL POLICIES AND PROCEDURES ACKNOWLEDGEMENT

# Name of Student Organization: Student Organization (short name): Academic Year: 2016-2017 \_

POLICIES AND PROCEDURES ACKNOWLEDGEMENT AND COMPLIANCE STATEMENT

We the undersigned officers, hereby affirm that the student organization that we represent will comply with policies, procedures and guidelines pertaining to Henry M. Goldman School of Dental Medicine (GSDM) student organizations and will maintain appropriate communication with Student Affairs.

# FINANCIAL COMPLIANCE STATEMENT

We, the undersigned officers, hereby affirm that the organization listed above does not have any bank account, or other investment account, outside of Boston University (BU), that is registered under the above named organization nor under the name of any of its officers, members or advisor(s) of the organization nor any other non-university individual or entity of which the above organization has assigned its interest. The undersigned affirm and accept the fact that any account set up by the organization by means for any purpose outside of GSDM & Student Affairs is grounds for suspension of the organization for the duration of the academic year and/or other fines and penalties as determined by the Assistant Dean of Students.

# HAZING LAW ACKNOWLEDGEMENT

We, the undersigned, hereby acknowledge that we have reviewed HAZING LAWS, Chapter 536 of the Massachusetts General Laws, (in Policies and Procedures: Student Organizations document). We hereby promise that we shall inform every member and applicant for membership in this group or organization of the Act Prohibiting the Practice of Hazing.

# PERMISSION TO RELEASE INFORMATION

Student organization officers’ signatures authorize GSDM Student Affairs to release their name, e-mail address, organization name and office to BU community members inquiring about this organization.

*We hereby state that we are officers of the above named student organization for the academic year indicated. We have read and agree to all of the above statements, as signified by our signatures.*

# President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BU ID: - -

BU Email:

Phone:

Signature: Vice-President:

BU ID: - -

BU Email:

Phone:

Signature: Secretary:

BU ID: - -

BU Email:

Phone:

Signature: Treasurer : \_\_\_\_\_

BU ID: - -

BU Email:

Phone:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACULTY ADVISORS

I hereby state that I am a faculty member of Boston University Henry M. Goldman School of Dental Medicine and I consent to act as Advisor to the above named organization for the period indicated above. I have read and agree to the above statements and have reviewed the Policies and Procedures as provided by Student Affairs.

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BU Email:

Phone: BU Email: \_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_