



ANNUAL POLICIES AND PROCEDURES ACKNOWLEDGEMENT

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 GSDM Student Affairs.

BANKING COMPLIANCE STATEMENT

We the undersigned officers, hereby affirm that the above organization 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 & OSA 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 Student Affairs.

HAZING LAW ACKNOWLEDGEMENT

We, the undersigned, hereby acknowledge that we have reviewed **HAZING LAWS, Chapter 536 of the Massachusetts General Laws**, (included in the Student Organizations Policies and Procedures document) and 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 to release their name, e-mail address, organization name and office to BU community members inquiring about this organization.

Full Name of Student Organization: _____

Student Organization (short name): _____ **Academic Year:** _____

I hereby state that I am an officer of the above named student organization for the academic year indicated. I have read and agree to all of the above statements, as signified by my signature.

President: (please print) _____

BU ID: ____ - ____ - ____ **BU Email:** _____ **Phone:** _____

Signature: _____

Vice-President: (please print) _____

BU ID: ____ - ____ - ____ **BU Email:** _____ **Phone:** _____

Signature: _____

Secretary: (please print) _____

BU ID: ____ - ____ - ____ **BU Email:** _____ **Phone:** _____

Signature: _____

Treasurer: (please print) _____

BU ID: ____ - ____ - ____ **BU Email:** _____ **Phone:** _____

Signature: _____

FACULTY ADVISOR

I hereby state that I am a full-time faculty member of Boston University 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.

Faculty Advisor's Name: _____

BU Email: _____ **Phone:** _____

Faculty Advisor's Signature: _____