BSC Student Organization Recognition Form

Complete this form and return it to the CSO Advisor by Sept. 23, 2025, for fall semester and by Jan. 27, 2026, for Spring Semester. The form should be typed and emailed to the CSO email.

Student Organization Name: _____

Date: _____

Name **BSC Email** **Student ID#**

President _____

Vice President _____

CSO Rep _____

If you wish to list any other officer positions, please fill out the information below (including title):

_____

_____

_____

Primary Advisor _____

Phone _____ **Email** _____

Secondary Advisor _____

Phone _____ **Email** _____

Tertiary Advisor _____

Phone _____ **Email** _____

By signing below, I acknowledge that I understand and will hold the student organization in which I advise, to all the policies of Bismarck State College and the Congress of Student Organizations.

Primary Advisor Signature Date

☐ I have included a copy of our updated governing documents.

*Documents must have the date of review listed in document itself and only need to be provided once for the current academic year.