



Registered Independent Student Organization

Please Include the following with your application:

- * MEETING MINUTES
- * MEMBER ROSTER
- * CONSTITUTION (ONLY for NEW RISOs)

Questions about how to complete form:

CALL: (808) 845-9498

EMAIL:

hccslid@hawaii.edu
Attn: RISO

Return Completed form to:

Student Life & Development Office:
Building 2, RM. 113

OFFICE HOURS:
M-F 8:00am-3:30pm

SEMESTER	<input type="radio"/> FALL <input type="radio"/> SPRING	CHECK ONE ONLY	<input type="radio"/> CONTINUING <input type="radio"/> NEW
20__			

ORGANIZATION NAME

PURPOSE (Attach additional paper if needed)

IF YOUR GROUP IS AFFILIATED WITH A LOCAL, NATIONAL, OR INTERNATIONAL ORGANIZATION? YES NO
IF YES, PLEASE LIST IT BELOW.

NAME OF AFFILIATION

By completing this form, you are consenting to sharing this information with all parties working with RISOs. Your Student file will be accessed to verify eligibility and updated information.

Student Leadership

MAIN CONTACT NAME	STUDENT ID#:	EMAIL:
Position in R.I.S.O	PHONE:	@hawaii.edu
CONTACT NAME #2	STUDENT ID#:	ALTERNATE EMAIL
Position in R.I.S.O	PHONE	@hawaii.edu
CONTACT NAME #3	STUDENT ID#:	ALTERNATE EMAIL
Position in R.I.S.O	PHONE	@hawaii.edu
CONTACT NAME #4	STUDENT ID#:	ALTERNATE EMAIL
Position in R.I.S.O	PHONE	@hawaii.edu
CONTACT NAME #5	STUDENT ID#:	ALTERNATE EMAIL
Position in R.I.S.O	PHONE	@hawaii.edu

Advisor(s)

NAME	PHONE	EMAIL
DEPT/DIVISION	EXT	ALTERNATE EMAIL

Certification

We, the undersigned, affirm that we have received and read the pertinent Honolulu CC policies regarding the roles and responsibilities of Registered Independent Student Organizations. Violation of these policies will be sufficient cause for the revocation of recognition as an approved organization for this campus.

BY MAIN CONTACT/TITLE (Please print)	SIGNATURE
DATE	X
BY ADVISOR (Please print)	SIGNATURE
DATE	X

RECIEVED: STAFF INITIAL & DATE:	HONCC RISO FORM VER.05/19
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OFFICE USE ONLY:

Constitution

Member Roster

Meeting Minutes

Members Approved

Database Updated

R.I.S.O STATUS:

APPROVED:

DATE:

DECLINED: Reason

STUDENT LIFE DIRECTOR SIGNATURE:

X

Date: