



Central Student Association
 University Centre – Room 274
 University of Guelph
 Guelph, ON, N1G2W1

CSA Student Organizational Policy (SOP) – Continued Accreditation

Continued Accreditation Form for the _____ year

Name of Club: _____

Checklist of SOP components to be included:

As this is only for continuing accreditation, only certain portions of this form need to be filled in. Please only check off those items ***that are required to be updated***. Please note that you are responsible for ensuring that all SOP information for your club is conveyed in these forms, and that it are correct. Clubs that intentionally do not fill out important information, or fill it out incorrectly, may be subject to being put on limited accreditation, or may lose accreditation altogether.

- **As we have changed executive members, I have attached an updated list of executives or persons responsible.**
- **Our club has changed its booking officers.**
- **Our club has changed its contact persons.**
- **Our club has attached an updated version of our proposed budget and activities, reflecting some changes to planned expenditures.**
- **There have been changes to the club’s charter, which have been attached.**
- **As our club has an office, we have attached office hours for the new Semester.**

Executive/Responsible Persons:

1. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

2. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

3. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

4. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

** There MUST be a minimum of FOUR (4) Executive members or Responsible persons. If there are persons who do not have a specific title, please write “Executive Member” or “Responsible Person”.*

Executive/Responsible Persons (Extended)

If a club has more than four (4) Executive members or responsible persons, you may continue filling out their information here. You do not need to include this sheet in your submission if you do not need the extra space.

5. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

6. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

7. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

8. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

9. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

10. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

11. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

12. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

13. Title: _____ Name: _____
 Address: _____ Phone #: _____
 ID #: _____ e-mail: _____ Signature: _____

** There MUST be a minimum of FOUR (4) Executive members or Responsible persons. If there are persons who do not have a specific title, please write "Executive Member" or "Responsible Person".*

Booking Officer**Booking Officer 1:** _____ **Booking Officer 2:** _____

Please include the number corresponding to the responsible person/Executive Member who is to be listed as a booking officer. Booking officers are the ONLY individuals who may book rooms, equipment, etc., for your club.

Contact Person**Contact Person 1:** _____ **Contact Person 2:** _____

Please include the number corresponding to the responsible person/Executive Member who is to be listed as a contact person. Only the e-mail addresses of these individuals will be public (all other information is for internal use only).

Proposed Budget and Activities for Current SOP Period: Attach an updated copy of the club budget that outlines any planned expenditures for the Fall, Winter and Semester as well as an updated proposal for any activities in the upcoming SOP period that will be publicly advertised. Clubs are permitted to resubmit their budget and proposals as they change.

I, the undersigned, confirm the attached figures to be correct to the best of my knowledge.

Signature: _____

Club Charter: Attach an updated copy of your club's charter/constitution. Please remember, your charter must include:

- Date when last amendment was made
- Statement of Name and Purpose/Mandate
- Statement of Compliance with all CSA Policy
- Membership information (how to join, restrictions, membership privileges, etc.)
- List of executive positions, and their duties
- Meeting structure and voting procedures
- Procedure for elections
- Procedure for constitutional amendments

There is a viable copy on file. Clubs Coordinator Signature: _____

Office Hours: For clubs with offices, a typed timetable for office hours during the semester must be included. Clubs are required to have a minimum of FIVE (5) office hours per week, Monday to Friday. Office hours must also be posted on the door of the club's office, and will be observed by the Clubs Coordinator. Clubs not observing their office hours, or misusing their office space, may stand to lose privilege of their space.

For Clubs Coordinator Use:

Late Submission: _____ (Y/N) If yes, with exemption: _____ (Y/N)
 Complete: _____ (Y/N) If no, completed on: _____ (date)
 Reviewed on: _____ (date)
 Clubs Coordinator Signature: _____