



UNIVERSITY AT BUFFALO GRADUATE STUDENT ASSOCIATION INC.

310 Student Union, Box 602100, Buffalo, NY 14260-2100
South Campus Satellite Office: 302 Abbott Hall (Tuesdays 9am – 4pm)
(716) 645-2960, Fax: (716) 645-7333, <https://ubwp.buffalo.edu/gsa>

RENEWAL OF RECOGNITION

I. CLUB DATA

A. Name and mailing address of Club: _____

B. Name and address of club officer submitting form: _____

C. Total number of members _____
Number of graduate students _____
Number of undergraduate students _____
Number of non-student members _____

D. What departments or disciplines is your membership drawn from?

E. Are there any changes in your By Laws or statement of purpose?

YES _____ NO _____

If yes, be specific

II. SUMMARY OF CLUB ACTIVITIES

Has your club received funds from GSA Special Activities line?

YES _____ NO _____

If yes, how much and for which events?

EVENTS

AMOUNT OF FUNDING

_____	\$ _____
_____	_____
_____	_____

III. **LIST AND DESCRIBE ALL ACTIVITIES WHICH YOUR CLUB SPONSORED OR COSPONSORED DURING THE YEAR (specify Fall and Spring events).**

IV. **LIST THE ACTIVITIES WHICH YOUR CLUB PLANS TO SPONSOR IN THE NEXT ACADEMIC YEAR (specify Fall and Spring events).**

V. **DATA**

A. Are you affiliated with City, State, National, or International organizations?

YES _____ NO _____

B. If yes, name and address of affiliating group(s):

C. Name of faculty advisor _____

Address _____

Phone _____

FOR OFFICE USE ONLY

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BOARD OF DIRECTORS ACTION:

APPROVED _____

DENIED _____

DATE

GSA SIGNATURE