

**STUDENT SENATE- LEGISLATIVE AFFAIRS
STUDENT ORGANIZATION CONSTITUTION/BYLAWS
APPROVAL CHECK SHEET**

NAME OF ORGANIZATION: _____.

CONTACT PERSON: _____.

E-MAIL: _____ TELEPHONE NUMBER: _____.

LEGISLATIVE AFFAIRS CHAIR: _____.

Bemidji State University Student Senate office: x2099

e-mail:bsustudentsenate@bemidjistate.edu

_____ 1. Name

_____ 2. Purpose

_____ 3. Membership

_____ a. classification of membership

_____ b. qualifications/eligibility for membership

_____ c. fees/dues (*optional*)

_____ d. attendance/participation requirements

_____ f. specify that twenty-five percent membership must be BSU students

_____ g. non-discrimination clause

_____ 4. Officers/ Executive Board

_____ a. specify offices

_____ b. election/appointed process

_____ c. duties of officers

_____ d. length of term

_____ e. method of filling vacancies

_____ f. specify that at least one constitutional officer must be a BSU student

_____ g. Powers of the board

_____ 5. Meetings

_____ a. minimum# of required meetings

_____ b. quorum for meetings

_____ c. special meetings

_____ 6. Committees (*if applicable*)

_____ a. name

_____ b. manner of responsibilities

_____ 7. Parliamentary Authority

_____ a. Robert's Rules of Order, Newly Revised

_____ 8. Advisor

_____ 9. Ratification

_____ 10. Amendments