APPENDIX B

REQUEST FOR EXCEPTION TO CSUMB STUDENT ORGANIZATION FUNDS ADMINISTRATION POLICY

Please complete the information on this form to request an exception to CSUMB's Funds Administration policy. Return the completed form to the ICC, SCC or MGC Advisor.

Registered student organizations (RSOs) having separate legal status granted by the state/federal government and maintaining a bank account outside the university must submit a written request to the (Dept, Person, Designee – ICC, SCC or MGC Advisor) providing the legal name of the organization, the tax ID number, and the bank name, branch address, and bank account number of the organization.

*For RSOs without a separate legal status, an exception to the on-campus banking rule will only be granted for unusual and fully documented special circumstances.

*All requests will be reviewed on a case-by-case basis and will be forwarded to the CFO and VPSA or their designee for a final decision.

General Information	
	Last Name:
E-Mail Address:	
Telephone Number:	
Requestor's position title with	the student organization:
Student organization name: _	
Is the organization registered	I, active and in good standing? Yes No
Organization Information Legal name of the student or	ganization:
Is the student organization re	egistered, active and in good standing with CSUMB?
Does the organization have a government?YesNo	a separate legal status granted by the state or federal
Is the organization (inter)nation	onally affiliated?YesNo
Does the organization have a	a 501(c)(3) status?YesNo
Is the organization a registere	ed non-profit?YesNo
Is the organization incorporat	ted?YesNo

Does the organization have a tax ID number?YesNo
If yes, please provide the tax ID number:
Exception Request The exception request is permanent or temporary? If temporary, please specify length of time.
Please describe the type of financial administration exception you are requesting:
Outside bank account
Other. Please Describe:
Please describe the reason(s) why your organization is requesting an exception to policy:
Does the organization currently have an off-campus bank account?YesNo If Yes, please provide the following:
Name of Bank:
Bank Address:
Bank Phone:
Bank Account Number:

Student organization officers:		
President:		
Full name:		
Signature:		
Date:		
Treasurer:		
Full name:	······································	
Signature:		
Date:		
CSUMB CFO or designee:		
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Determined Exception Status:		
Exception is granted not granted		
Date:		
CSUMB VPSA or designee:		
Determined Exception Status:		
Exception is granted not granted		
Date:		