**Office of Student Life**

Association Recognition Request Form

2024-2025 Academic Year

All student associations at the University of Luxembourg must submit the Recognition Request Form as part of the recognition procedure.

This form may be submitted in French or English and sent via e-mail to osl@uni.lu .

For more information or concerns, please contact the Office of Student Life directly.

**Part One: General Information**

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| Student Association (a.s.b.l.) |
| **Name** |  |
| **Objective / mission** |  |
| **Number of members** |  |
| **Membership criteria** |  |
| **Date of establishment** |  |
| **Main contact for the association (e.g. e-mail)\*** |  |
| **Website and/or social media page(s)\*** |  |
| **IBAN number** |  |
| **RCSL number** |  |

\*will be published online on the dedicated webpage for the association

**Part Two: Contact Details of the Executive Board**

This list must include all board members of the association

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| --- | --- | --- | --- |
| **Name**  | **Position** | **Exact name of the study Program + Semester** | **Student card number** |
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Please note that the positions, first and last names of the board members will be published online on the dedicated webpage for the association, unless explicitly forbidden and stated here

**Part Three: Activities and Needs for the Semester**

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| **Future Events: Describe the upcoming events for the Winter Semester**  |
| **1.** |
| **2.** |
| **3.** |

**NB: A minimum of three activities is required for association funding (see recognition procedure instructions for more information)**

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| **Past Events: Describe your achievements and most memorable activities of the previous year (if registered)\*** |
| **1.** |
| **2.** |
| **3.** |

\***Please include dates**

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| **Describe your needs and requests to the University (bullet points preferred)**  |
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**Part Four: Attachments**

Please include the following documents, and/or updates

* *Signed original recognition convention (in duplicate)* ***or****, if applicable, a signed original recognition and subvention convention (in duplicate)*
* *If applicable, the request for financial support*
* *The Statutes of your a.s.b.l. if you are a new association or if you have updated your statutes since your last submission*

Luxembourg, the **(date)**

Name of the association:

Name and surname of the undersigned:

Position in the committee:

**Signature** followed by the words "Read and approved"*:*