# Student Organization Fall 2020 Plan

Student organizations and departmental student groups intending to hold in-person activities should complete a Student Organization Fall 2020 Plan (SOFP). This plan will outline your organization’s intentions for the fall semester and begin to shape your planning to engage all members of your organization and to comply with student organization health and safety guidelines.

After completing your plan email it to [COVIDstudentactivities@andrew.cmu.edu](mailto:COVIDstudentactivities@andrew.cmu.edu) to begin the approval process. Your plan will be assigned to a SOFP Reviewer who will outreach to you with questions and/or to set up a brief meeting to discuss your plan. The Reviewer will then forward your plan to the SOFP Approval Team for final approval. You will be notified once your plan is approved.

Upon approval of this plan organizations are invited to submit an In-Person Activity Request or Makerspace Activity Request to detail how you will comply with the university’s organization expectations and A Tartan’s Responsibility in the context of your group’s intended plans.

Any questions can be directed to [COVIDstudentactivities@andrew.cmu.edu](mailto:COVIDstudentactivities@andrew.cmu.edu) or by calling SLICE (Student Leadership, Involvement, and Civic Engagement) at 412-268-8704.

|  |  |
| --- | --- |
| **Organization/Dept Group Name** |  |
| **Name of Plan Submitter**  **Title**  **Email** |  |
| **Organization Submission Date** |  |
| **Date of 1st Review**  **Reviewer** |  |
| **Date Approved**  **Approver** |  |

# Organization Information

Organization Name:

Organization Mission or Purpose:

Approximate Number of Members:

## Affiliation and Advising

Choose your organization or group’s primary affiliation or status:

* Student Government Recognized (CoSO) Organization
* Greek Life Fraternity or Sorority
* Governing Body (Student Government entity, SDC, Greek Councils)
* Athletics
* College/Departmental Group
  + List College:
  + List Department Name if affiliation is at the department level:

Who does your organization go to for advising and logistical support?

* Advisor(s) Name:
* Advisor(s) Title:
* Advisor(s) Email:

## **Anticipated Fall Plans**

At this time does your organization intend to:

* Continue exploring your plans for the semester (undecided if you will hold any in-person activities this semester)
* Hold at least 1 in-person activity this semester on or off-campus
* Hold multiple in-person activities this semester on or off-campus
  + Will these activities be on-going or singular events?
  + What frequency are you anticipating having in-person activities this semester? (monthly, biweekly, weekly, or other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Please briefly describe each in-person activity your group is considering, noting the anticipated location of the activity (building or space on-campus or off-campus location). Explain why this activity(s) cannot occur remotely and/or the specific value to holding it in-person.

Briefly describe how your organization plans to engage your members who are not studying in Pittsburgh this semester.

## **Implementing Organization Expectations & Upholding** [**A Tartan’s Responsibility**](https://www.cmu.edu/coronavirus/students/tartans-responsibility.html#:~:text=Prevent%20the%20spread%20of%20COVID,directions%20regarding%20travel%20outside%20the)

In the COVID-19 era, individual members and leaders alike need to have a strong adherence to the expectations laid out in A Tartan’s Responsibility and in the specific guidelines for student organization activities. Please describe how you will educate your members on the university’s expectations surrounding organization activities this semester.

## Student Pandemic Safety Ambassadors (SPSAs)

Each organization president plus one other executive member will serve as an SPSA to ensure compliance with the Return to Campus [minimum requirements](https://www.cmu.edu/coronavirus/return/min-requirements.html) and student organization guidelines. At least one SPSA must be in Pittsburgh.

Please assign your Student Pandemic Safety Ambassador(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Email**  **\_\_\_\_@andrew** | **Role in Org** | **Cell Phone #** | **In Pittsburgh? Y/N** |
|  |  | President |  |  |
|  |  |  |  |  |

## **Supports and Resources**

What supports or resources do you need to successfully engage your members living outside of Pittsburgh?

What supports or resources do you need to successfully implement the university’s organization guidelines?