

Advisor Agreement Form

This is to certify that I _____ agree to serve as Faculty Advisor

to: _____
Name of Organization

for the _____ school year. I am familiar with the Student Rights & Responsibilities Booklet and the rules and regulations governing campus approved organizations.

Please Print

Name: _____ Date: _____

Department: _____ Phone: _____ Room: _____

Home Phone: _____ Cell Phone: _____

Signature of Advisor

Date

Signature of Department Chair

Date

Signature of Student Life Director

Date