



Student Organization 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	_____ Extension
_____ Home #	_____ Cell #
_____ Signature of Advisor	_____ Date
_____ Signature of Department Chair (Required)	_____ Date
_____ Signature Student Life Director, Medical Campus	_____ Date

* Please return completed form to the Student Life office in Rm. 1171