

Advisor Agreement

(The following contact information must be the same as on the first page of this application for Student Organizations. This also must be completed by Programs of Study)

I, _____, agree to serve as the _____
Print name Year

advisor for _____.
Student Organization Name

I understand that my name and contact information will be listed with the marketing of this Student Organization. I understand that I will be noted as the group's advisor for the amount of time as agreed above and agree to notify the Assistant Dean of Student Services and the Student Organization if I am unable to serve as the advisor for the entire period as agreed above. I agree to receive and file a copy of the current recognized application or pass it on to the next group advisor.

Signature

Department

E-mail address

Phone #

ASMSU-GF COT requests that you work with the Student Organization's President to complete this recognition application. If you are going to advise the group on budget matters, please contact the Business Office.

ASMSU-GF COT requests you to play an active part during your time as advisor, especially regarding risk management for any activities the group participates in.