

## ADVISOR CONSENT FORM

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Organization

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Advisor

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Department

What is the best way to contact you regarding this student organization?  
*Please fill in all information and number 1-4, 1 being the best way to contact you.*

\_\_ Phone/Extension: \_\_\_\_\_

\_\_ Office: \_\_\_\_\_

\_\_ E-mail: \_\_\_\_\_

\_\_ Other Contact Information: \_\_\_\_\_

### Advisor Expectations

1. Attend the organization's major functions in order to show support for the individuals within the organization and be available to assist them at events and in case of emergency.
2. Assist in the election process and transition of officers as outlined in the organization's constitution, and promote continuity within the organization.
3. Know the College policies and procedures and encourage student to follow these rules.
4. Encourage the organization's members to broaden their goals in order to fulfill their mission and purpose.
5. Encourage the organization to recruit new members so that the organization can continue operate.

I understand my responsibilities as outlined above, and agree to serve as the advisor of this organization.

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Advisor Signature

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Date