



Annual Club Advisor Agreement

To be completed before the beginning of each academic year, and/or at the establishment of a new club. Upon completion, please submit to the Student Life Specialist on your campus.

For academic year: _____ to _____

Name of club/organization: (Please print)

Name of club/organization advisor: (Please print)

Advisor's campus phone number & email address: (Please print)

Name of club/organization student president for the academic year: (Please print)

Student president's phone number & email address: (Please print)

As advisor of this organization, I have read and understand my rights and responsibilities.

By signing this form, I agree to advise this organization for the duration of one academic year.

Advisor Signature: _____ Date: _____

Name and Title of Supervisor of faculty/staff advisor for permission to serve in this capacity:

(Please print) _____

Signature of Supervisor _____ Date: _____