



Annual Club Advisor Agreement

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

For academic year: _____ to _____

Student Organization: _____

Advisor's Name: _____ Banner ID: @ _____

FSW Email: _____ FSW Phone #: _____

Organization President: _____

FSW Email: _____ FSW Phone #: _____

As an advisor of this organization I have read and understand my rights and responsibilities as detailed in the Student Organization Handbook, Advisor Handbook and Student Travel Packet. 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: _____

Supervisor Signature: _____ Date: _____