Registered Student Organization Advisor Agreement

As advisor to this student organization for the current academic year, I agree to fulfill the following duties:

* Serve in an advisory capacity
* Attend regularly scheduled meetings
* Sign required student organization forms and documents
* Verify that all officers have a cumulative 2.00 GPA while holding office and that they meet the requirements for membership as stipulated in the constitution/by-laws
* Attend functions and activities sponsored by the organization when possible and/or when required

If I am unable to preform the duties as stated, I will notify the organization and the Office of Campus Life in writing that I am resigning.

Advisor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_