



Registered Student Organization Advisor Agreement

Organization Name: _____

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 perform the duties as stated, I will notify the organization and the Student Experience Center in writing that I am resigning.

Advisor's Name

Email

Advisor's Signature

Date