

THE ADVISING AGREEMENT
RETURN THE COMPLETED FORM TO THE CLUB COORDINATOR,
THE STUDENT LIFE OFFICE

The members of _____ request that
(print group's name)

_____ serve as the advisor of the group for the
(print advisor's name)

____ - ____ academic year.

Our mutually agreed expectations of

The advisor is:

The student leaders are:

The group is:

As the representative of the named group, we have met with the advisor and have discussed the duties and responsibilities of being the leaders in this group. We agree to fulfill these duties to the best of our ability.

Signed: _____ Date: _____
(President or representative of student group)

I have met with the group named above and have discussed the duties and responsibilities of the advisor. I agree to fulfill these duties to the best of my ability.

Signed: _____ Date: _____
(Advisor of student group)

Advisor Campus Address and Phone Number _____