



Advisor Agreement Form

Please return to the director of student programs in the Freshman Center

Thank you for your interest in working with an organization at the University of Arkansas - Fort Smith! Student organizations are vital to the purpose and values of the University. By submitting the information as outlined, you are agreeing to serve as a faculty advisor.

Advisors must be full-time faculty or staff members.

Organization Name: _____

Today's date: _____ Academic year in which you will serve _____

I certify that I have read the most recent copy of the Organization Handbook and understand the responsibilities, rules and regulations governing a campus-approved organization.

Print Name

Phone Number

Advisor's Signature

E-mail Address

Office Bldg/No.

For Student Activities Use Only

Review date: _____

Approved by Director of Student Programs: _____

Copy sent to Advisor? _____

Original in file? _____