



Student Organization Advisor Approval Form

Campus Location: _____

Date: _____

Advisor Information

Name: _____

Department: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Please list more than one (if applicable)

Student Organization (to advise): _____

Required Signatures (for approval):

Advisor

Date

Advisor's Supervisor

Date

Director of Student Affairs

Date

Retain a copy for your records