**Student Organization Advisor Agreement Form**

Student Life and Engagement

Augusta University

Summerville Campus

 706.737.1610

*Augusta University requires that each recognized student organization have an advisor who is a faculty or staff member, or a graduate assistant who works for Augusta University. Student organizations are free to choose their own advisors, pending registration of advisor contact information with the Office of Student Life and Engagement.*

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**Advisor Role and Responsibilities**

* Guide the group in accordance with the purpose and ideals of Augusta University and the organization
* Assist the group in setting realistic goals and objectives
* Assist in orientation and training of new officers
* Council and advise the officers and members
* Meet with the officers of the club regularly and be available to sign paperwork
* Attend as many organizational meetings/events/activities as possible
* Be sure they are following Augusta University policies
* Be sure to follow the procedures and regulations established by the Office of Student Life and Engagement
* Know their financial status and keep track of it
* Keep students informed of policy changes
* Assist students in maintaining balance between the academic and co-curricular aspects of student life
* Be enthusiastic about them, their activities and Augusta University

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**Student Organization Information**

Name of Student Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisor Information**

Advisor Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**In signing below, you affirm that you have read and understand the expectations outlined in the**

**Augusta University Student Organization Advisor Agreement and you are willing and able to serve in the role of adviser to the student organization named above.**

**Student Organization Adviser’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Questions and Concerns Regarding this Document Should Be Discussed With the Office of Student Life & Engagement*