Student Organization Advisor Registration

I,		ag	ree to accept the
(Person V	olunteering to Serve	age as Advisor)	·
responsibility of	Advisor to (Name of	Organization)	·
	ein, particularly as t	they pertain to the d	ual and agree to support uties of advisor. I have academic year.
Signed:			
SVCC Address:			
SVCC Ext.:			
The leadership of Name of Student: Telephone:	(organization)	for the	academic year is:
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