

Student Organization Advisor Registration Form

I, _____ agree to accept the responsibility
(Person Volunteering to Serve as Advisor)

of Advisor to _____.
(Name of Organization)

I have reviewed the Student Organization Manual and agree to support the policies defined therein, particularly as they pertain to the duties of advisor. I have agreed to serve in the capacity of advisor for the _____ academic year.

Signed: _____

SVCC Address: _____

SVCC Ext.: _____

The leadership of _____ for the _____ academic year is:
(Name of Organization)

Name of Student:

Title:

Telephone:
