

Advisor Agreement

I have read and understand the regulations governing Student Organizations and the Policies and Procedures sections of the Student Organization Manual as it pertains to the information and administration of student organizations as the Houston Community College. I have read, understand, and agree to the responsibilities of advisors outlined in the manual. As an institution employee, I agree to serve as an advisor to the student organization named below.

Should I decide that I no longer wish to assume this responsibility, I will notify the organization's President and Student Life Coordinator.

PLEASE FILL IN ALL OF THE FOLLOWING INFORMATION

Student Organization Name:	
Advisor Name:	Employee ID:
Email:	Work Number:
Primary Campus:	Department:
Supervisor Name:	

SIGNATURES

Advisor Signature:	Date:
Advisor Supervisor Signature:	Date:

Supervisors are REQUIRED to approve your request to serve as an advisor because this is considered an additional assignment with additional institution responsibilities.