

**Department of Campus Life**  
**2009 – 2010 Student Organization Registration Application**  
**Student Organization Advisor Contract**

**Submit Hard Copy in the Student Activities Center, Suite 223**

As a full-time faculty/staff member of Clayton State University, I agree to serve as an Advisor for \_\_\_\_\_.

I am aware that all student organizations are required to have an Advisor in order to be recognized by the University. I am also aware that being a Student Organization Advisor is voluntary. I also understand that my role is to serve the organization in an advisory capacity and any conduct that conflicts with such duties will result in my immediate removal.

**I Understand and Agree to:**

1. Have a firm understanding of all University and Campus Life policies and procedures.
2. Have a firm understanding of the organization's constitution and procedures.
3. Act as a liaison for the organization.
4. Provide advice and guidance. Serve as a resource and mentor for the members.
5. Not to make decisions on behalf of organization without consulting the members.
6. Help the students develop and learn how to function as a team.
7. When possible, attend events, meetings and programs.
8. Maintain consistent contact with the officers. Encourage all members to share in the leadership responsibilities.
9. Help with organization and officer transition

**Important Notice:** Advisors are required to attend all special and late-night events. Failure to do so may result in cancellation. In addition, student organization reserve the right to remove an Advisor.

**Name (Print):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Campus Mail Address:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_