



Fall 2009-Spring 2010
Student Organization
Advisor Approval Form

Date: _____

Advisor Information

Name: _____

Department: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Please list more than one (if applicable)

Student Organization (to advise): _____

Required Signatures (for approval):

Advisor

Date

Advisor's Supervisor

Date

Office of Student Activities

Date

Retain a copy for your records
Please return to Student Activities
209 HUB-Robeson Center