



# ADVISOR AGREEMENT FORM FALL 2017

Faculty/Staff Advisors are full-time members of the SUNY New Paltz faculty/staff and assume the responsibility of keeping informed about the activities of the organization, for remaining in contact with the Office of Student Activities and Union Services, and for advising the chapter officers and members on SUNY New Paltz policies and procedures. An Advisor is an additional resource available to the students in the organization.

I, \_\_\_\_\_, agree to be the Faculty/Staff Advisor for  
(Name of Advisor)

\_\_\_\_\_ for the **Fall 2017 Semester**.  
(Fraternity/Sorority/Council/Interest Group/Organization)

**Advisor's Contact Information:**

Title: \_\_\_\_\_

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

Campus Address: \_\_\_\_\_

Campus Ext: \_\_\_\_\_ New Paltz Email: \_\_\_\_\_

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

***TO THE STUDENT: Please return this form to the Office of Student Activities and Union Services (Student Union Room 211) by 12:00pm on Friday, September 8, 2017.***

**OFFICE USE ONLY:**

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Notes: \_\_\_\_\_