

Greek Advisor Agreement Form



Faculty/Staff advisors assume the responsibility of keeping informed about the activities of the organization, for remaining in contact with Student Activities, and for advising the Greek officers and members on SUNY New Paltz policies and procedures. An advisor's signature is required on all forms for Student Activities and Union Services.

I, _____, agree to be the advisor for _____
(Name of Advisor) (Greek Organization)

for the _____ semester of 20____.
(Fall or Spring) (Year)

Advisor's Contact Information:

Campus Address: _____

Department: _____

Campus Ext: _____

Advisor's Signature/ Date

**Please have this form filled out by your advisor and returned to the Office of Student Activities and Union Services (SUB 209) at the beginning of each semester. Please note you will not be able to FUSE rooms until this form is handed in.*

OFFICE USE ONLY:

Received By: _____

Date Received: _____