



**STATE UNIVERSITY OF
NEW YORK AT NEW PALTZ**
Student Activities and Union Services

Student Union Room 211
845-257-3025

FRATERNITY & SORORITY ADVISOR AGREEMENT FORM

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 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) (Fraternity/Sorority)

for the **Fall 2009 Semester**.

Advisor's Contact Information:

Title & Department: _____

Campus Address: _____

Campus Ext: _____ New Paltz Email: _____

Advisor's Signature

Date

Please have this form filled out by your advisor and returned to Emily Spilman, Office of Student Activities and Union Services (Student Union Room 211) by **12:00PM on Friday, September 4th, 2009. Please note your chapter will not be able to FUSE rooms, plan programs, hold New Member Education, or participate in events (including the Club & Involvement Fair and Meet the Greeks) until this form is submitted.*

OFFICE USE ONLY:

Received By: _____

Date Received: _____