ADVISOR AGREEMENT FORM
FALL 2019

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 2019 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 7, 2019.

OFFICE USE ONLY:

Received By: _______________________________________________________________

Date Received: ___________________________________________________________

Notes: ____________________________________________________________________