





# STUDENT ACTIVITIES

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**Name of Student Organization (no initials):** \_\_\_\_\_

I, \_\_\_\_\_, agree to be the Faculty/Staff Advisor for the above named student organization.

I agree to serve in the role of Faculty /Staff Advisor beginning \_\_\_\_\_ and lasting until notification is given to the Office of Student Activities that I no longer wish to continue in this role.

I understand that I am to advise the organization to my best ability by assisting them with their overall program and the general organization operations.

I have received and reviewed this document, and have discussed with the leadership some specific goals to help them accomplish for the coming year.

I have made arrangements to meet at least twice a semester with the leaders and/or members of the organization.

I will attempt to work closely with any other organization advisors so that we can work collectively in better assisting the organization to accomplish their overall goals.

I will call upon the Office of Student Activities when I am in need of assistance, information and/or support.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**Advisor Name:** \_\_\_\_\_

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

**Advisor Office Location:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_