ADVISOR FORM

This is to certify that I agree to serve as faculty/staff advisor to (name of organization)

_____

for the school year of 20___

I have read and understand the responsibilities of an organization advisor, the UA-Pulaski Technical College Student Organization Handbook (rules and regulations governing campus-approved organizations), and the Student Handbook section of the Academic Catalog.

Name (please print): _____

Office (building and room number): _____

Office phone number: _____

UA-PTC e-mail address: _____

Alternate phone number: _____

Advisor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____