

**LIM College**  
Student Organization Advisor Agreement Form  
**The Office of Student Life**

Organization: \_\_\_\_\_ Executive Officer: \_\_\_\_\_

This is to certify that \_\_\_\_\_ and \_\_\_\_\_ agree to serve as advisor(s) for \_\_\_\_\_ for the academic year Fall/Spring \_\_\_\_\_.

As advisor(s), I/we agree to carry out the responsibilities as outlined in the policies governing student organizations as well as the following:

- a. Read and be knowledgeable of the contents of the regulations governing student organizations.**
- b. Assist the organization(s) in the development and implementation of its programs.**
- c. Affix my signature for approval to all school and organization related documents.**
- d. Ensure the attendance of an advisor at all functions.**
- e. Ensure that all activities sponsored by the organization will be limited to LIM College students and their authorized guests.**

- Because advisors play such a key role in an organization’s operation, it is strongly recommended that prospective advisors work with no more than two student organizations.
- If an advisor is unable to attend an event, an alternate advisor from the faculty/staff of LIM College may be chosen with the approval of the Office of Student Life prior to the event.
- Functions not attended by an advisor maybe terminated immediately. If termination occurs, the organization maybe assessed a fine and/or subject to a 50% refund of any costs incurred. Furthermore, repeated offenses may result in the loss of recognition by the College for a period to be determined by the Office of Student Life.

I agree to the above conditions by affixing my signature below:

*PRIMARY ADVISOR*

Name (print): \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact #: \_\_\_\_\_

*SECONDARY ADVISOR (if applicable)*

Name (print): \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact #: \_\_\_\_\_