

Annual Advisor Commitment Form

Name of Student Organization:	Academic Year:
Full-time Faculty/Staff Advisor:	Office Location:
Email:	Phone:
Faculty/Staff Co-Advisor:	Office Location:
Email:	Phone:
	organization for the above stated academic year. Advisors ge rules, regulations, processes, policies, expectations,
A full time employee advisor must be present for all will take place on or off college property.	organization sponsored meetings and/or activities that
at least two weeks prior to the SEFAC Annual Meeting	unding Request Form to the Office of Student Engagement ng. The Annual Advisor Commitment Form and the Annual by June 15th in order to receive SEFAC funding for the
By signing below, I understand the above informatio Organization Advisor.	n and agree to fulfill my responsibility as a Student
Advisor:	Date:
Co-Advisor:	Date:
Academic Chair/Employee Supervisor	Date:
Academic Dean/Vice President	Date:
• •	isors as part of their job responsibilities, however, if a Full visor and it is not part of his/her job responsibilities the oted to the organization during normal work hours.
Please return signed form to the Office of	Student Engagement or Office of Student Affairs
Office of Student Engagement	
Student Engagement Coordinator:	Date:
Director of Student Engagement:	Date:
	Date: