CHADRON STATE COLLEGE

Student Organization Advisor Appointment Form

_____ requests _____
(Student Organization Name) (Faculty/Staff Name)

be appointed as the faculty/staff advisor of record for our student organization. As such, the advisor is responsible for providing guidance, ensuring campus policies and procedures are followed, and attending any event hosted by the student organization on campus. The requested advisor's signature indicates that they have read the "CSC Advisor Guide" and understand the responsibilities of an advisor.

_____ _____
Student Organization: President's Signature Date

_____ _____
Faculty/Staff: Advisor's Signature Date

Please return this form digitally to the Student Activities Coordinator or submit a hard copy to the Student Center Activity Office.

(To be completed by Student Activities)

☐ Approve ☐ Disapprove

_____ _____
Student Activities Coordinator's Signature Date