



**Student Government Association: Student Organization Advisor Agreement**

To be completed and sent electronically to the Vice President for Student Organizations and uploaded to SLU Groups.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_ Years at SLU: \_\_\_\_\_

Other Organizations you advise: \_\_\_\_\_

\_\_\_\_\_

How often do you plan on meeting with the organization:

\_\_\_\_\_

Please sign here if you commit to serving as the primary advisor:

Signature: \_\_\_\_\_

Organization name: \_\_\_\_\_

How long do you plan do you plan on advising the organization? (we understand plans change):

\_\_\_\_\_