

ADVISOR CONTRACT

I, _____ agree to act as Advisor to

Print/Type Name

Print/Type Club Name

As advisor to the above listed organization, I understand that I am required to do the following:
(please initial each box and sign below)

- 1. I will be present at every meeting of the organization
- 2. Advise students on time, place, and manner regulations as outlined in the Club/Organization Manual, the Student Handbook and the Board Policies and Procedures 2.13
- 3. Supervise the proper collection, deposit, and expenditure of funds as outlined in the Club/Organization Manual, Student Handbook and the Board Policies and Procedures
- 4. Advise the organization on College and District policies regarding maintenance of a recognized Student Organization
- 5. Supervise the events and activities sponsored by the organization in accordance with College and District policies

Club Advisor

Date

Advisor E-Mail

Phone

Office Hours

Office Number

Thank you for agreeing to act as an advisor to a student organization / club.

Vice President of ASSC Approval

Date

For additional information regarding SMCCCD Board Policy 7.60.1 please refer to smccd.edu/boardoftrustees/policies.php