

**Student Organization  
Advisor Consent Form  
2005 -2006**

Name of Student Organization \_\_\_\_\_

Name of Student Organization Chair \_\_\_\_\_

Name of Advisor \_\_\_\_\_

Advisor's Department \_\_\_\_\_

Advisor's Phone Number \_\_\_\_\_

Advisor's E-Mail Address \_\_\_\_\_

I am an advisor who is:

Returning to this position this year?

New to this position this academic year?

To the advisor:

Your signature below means that you have seen the Advisor Manual, produced by the Student Development Office, and that you consent to take on the responsibilities of the advisor of the above named group for the 2005-2006 academic year.

\_\_\_\_\_  
Signature of Advisor for 2005-06