

# SGA Advisor Agreement Form

Student Organization \_\_\_\_\_

Organization President (PLEASE PRINT full name, email address, and phone number)

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Organization Advisor (PLEASE PRINT full name, email address, and phone number)

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(Advisor, please circle one) I am an Emory University...  
Faculty member (Full Time, In Residence) Staff member

\*Your Primary Advisor must be an employee of Emory University or Emory Healthcare. Alumni, and individuals who are not employed by Emory, may be listed as Co-Advisors only. Students are not permitted to serve as Primary or Co-Advisors. Rare exceptions can only be made by the SGA on an individual basis.

## Responsibilities of the Student Group:

- Attend the Student Organization Training (sponsored by SGA and OSLS) immediately after being elected
- Work within budget for the year
- Provide advisor with an update on group activities every \_\_\_\_\_ weeks
- Inform advisor of the names of the incoming officers, once elected and remind them to re-register the organization and attend training.
- Include advisors on planning of events
- Other needs:

## Responsibilities of the Advisor:

- Maintain regular contact with the student organization's leadership
- Attend meetings and some events of the organization you advise
- Utilize OSLS resources such as a Student Organization Training session or an Advisor's Workshop, if you can, to ensure you are being as effective as you can be
- Serve as a role model for honesty and integrity
- Provide feedback, and support when necessary
- Be available to the students of this organization
- Be a resource to the group
- Other needs:
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I, \_\_\_\_\_, agree that as President of the student organization listed above, I will do my best to adhere to the expectations above. I realize that by doing so, I strengthen the organization now, as well as after my tenure has completed.

President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I, \_\_\_\_\_, agree that I am the advisor for the organization listed above. I agree that I will do my best to adhere to the expectations above. Should it become impossible for me to continue as an advisor to this organization, I will immediately inform the president of the organization in question, and the SGA office. If am able to, I will assist the group with finding a new advisor.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This document should be submitted to the SGA Office, [Laura Rogers Reece](#). A copy of this document will be maintained in SGA Office and made available to the group upon request. It is also recommended that the officers of the group maintain a copy for their records. Any disagreements arising from this document or the expectations contained within it that cannot be resolved between the group and advisor should be directed to the Director of the OSLS, [Cynthia Shaw](#).