

Recognized Student Organization Advisor Approval Form

Today's Date:	
Information	
Advisor Name (printed):	
Department:	
Work Address:	
Work Phone:	
Work Email:	
Student Organization Name*:	
*If you are a new advisor for multiple organizations, individual f	forms must be submitted
Important Notice	
Please review the information regarding the roles at the Cleary Act training which can be found online a involved/student-organizations/advisor-resources	
By signing below on the Advisor line, I am agreeing organization listed above at The Pennsylvania State recognize, understand, and accept the responsibilit student organization's constitution, the Advisor Ma Organizations. Additionally, non-exempt employee inform them of this role. I will carry out these dutie ability.	e University's University Park campus and ties, policies and procedures as outlined in the anual, and Policies and Rules for Student s must obtain their supervisors signature to
Required Signatures (for approval):	
Advisor Signature:	Date:
*Advisor's Supervisor Signature:	Date:

*supervisor signature only required for non-exempt staff

Retain a copy for your records Upload to New Org Request /or/ Advisor Change Request Form