



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 to the Student Organization: _____

Organization name: _____

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