



Morehead State University  
Student Activities, Leadership Development & Greek Life

**CAMPUS ADVISOR AGREEMENT FORM  
2014-2015**

**Name of Student Organization:** \_\_\_\_\_

The Advisor is a voluntary position whose role is to assist the organization in achieving its goals and objectives by providing a liaison between the University and the organization. The University expects the advisors to inform club members and officers of relevant state laws and University policies and to take reasonable action to enforce them. Advisors must be registered with Student Activities, Leadership Development & Greek Life (SAIL). All student organizations must have a primary advisor who is a full time MSU faculty or professional staff member. Faculty who are, or plan to be, on sabbatical during the 2014-2015 academic year may not be listed as the primary advisor for an organization. Having a campus advisor who is directly affiliated with Morehead State University provides the organization with the necessary connection to the university's environment, policies, and procedures. Organizations can have an off-campus secondary advisor as well; however the primary advisor must be an on-campus full time employee.

Advisors are expected to attend all Special/Major Events (as defined in accordance with campus policy) sponsored by the organization. In addition, the campus advisor's presence is required for special programs held on-campus beyond regular operating hours and for those programs which involve a significant level of risk to the participants. Also, MSU's Policy Regarding the Sale, Consumption, and Possession of Alcoholic Beverages pertaining to student organizations and sponsored events. This registration serves as annual notification of the policy. Student organizations are encouraged to utilize campus resources for educational programming and prevention activities.

**PRIMARY ADVISOR** MUST BE A MOREHEAD STATE EMPLOYEE.

Student employees/graduate students are not eligible to serve as advisors. Exceptions must be approved by Student Activities.

Title (Circle One: Mr., Ms., Dr.) \_\_\_\_\_

Advisor Name \_\_\_\_\_ ID# (Employee) \_\_\_\_\_

Campus Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Campus E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

I hereby agree to serve as the advisor to the above named organization. As advisor, I understand that I am the liaison between the University and the student organization. I also understand that my role as advisor is to advise and assist the student organization in following and understanding University policies. I understand that I may be asked and/or be required to chaperone the organization's activities and/or events. I also understand that my approval will be required for this organization to utilize University vehicles or facilities, request purchase orders, disburse funds from University accounts, and other such business that may be required by the University.

**Signature** \_\_\_\_\_ Date \_\_\_\_\_