



Office of Student LIFE



Faculty Advisers

MEMORANDUM OF AGREEMENT

Organization: _____

Name: (Last, First, Middle) _____

Nickname: _____

Birthday: _____

Home Address: _____

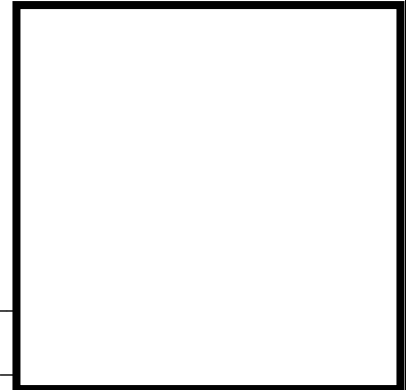
Phone: _____

Mobile No: _____

E-mail address: _____

Department: _____

Full Time Part Time



This is to certify that I have accepted the responsibility of being the faculty adviser of the above mentioned organization for the current school year and that I have read, understood and discussed the items covered in the Faculty Advisers' Manual and thereby pledge to abide by all the provision stated therein.

Signature over printed name
(Faculty Adviser)

Signature over printed name
(Organization President)

Endorsed by:

Signature over printed name
(Department Chair)

Witnessed by:

Signature over printed name
Coordinator for Operations of Student Organizations

Signature over printed name
Director of Office of Student LIFE