Recognized Graduate-Only Student Organization Advisor Contract

A useful instrument for sharing expectations and clearly identifying an Advisor’s role is the Advisor’s contract. Please take a moment to review and sign this advisor contract. Please note, that duplicates of this signed document have the potential to be copied to the dean, director, or department head of the advisor’s home unit. This will inform your school or department area of the commitment you are making to SU and the student organization.

The members of (organization) request (name) to serve as Advisor of the organization for the period beginning (date) and ending (date), not to exceed one year.

Duties, responsibilities, and expectations of the position are as follows:

Presidents/Chairperson's Name: (print)______________________________________________________________

______________________________________________ (signature) ____________ (date)

I have met with the president of the above-named organization and discussed the duties and responsibilities of Advisor as listed above. I understand that this responsibility falls within the scope of my employment at Syracuse University. In addition, I agree to serve as Advisor and will fulfill these duties and responsibilities to the best of my abilities.

Advisor’s Name: (print)__________________________________________________________________________

______________________________________________ (signature) ____________ (date)

This contract is effective for the time frame listed above and must be renewed each year thereafter upon the agreement of both parties.