

**PRAIRIE VIEW A&M UNIVERSITY**  
*Office of Student Activities & Leadership*  
Prairie View, Texas 77446

***Primary Advisor Responsibility Agreement Form***

**MUST BE TYPED**

**Organization Name:** \_\_\_\_\_

**Advisor's Name:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Office #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

By my signature below, I attest that I am a full-time employee of Prairie View A&M University and accept the responsibility of serving as advisor of the above mentioned organization.

As the advisor and by my signature below, I understand that I am directly responsible for all the activities of this organization. I agree that I:

1. Will not serve as primary/secondary advisor for more than one organization.
2. Will attend all the organization's meetings, programs, social functions, service projects, etc.
3. Will sign for authorization to use University facilities.
4. Will sign for authorization to sponsor activities and all financial transactions.
5. Will provide advisement and consultative services to the officers and members of the organization.
6. Will be responsible for understanding and interpreting the rules and regulations pertaining to such organizations at Prairie View A&M University.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Home phone #:**  
*for emergency use only*

**Cell phone #:**  
*for emergency use only*