

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

Secondary 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