

**Advisor Confirmation Form Instructions:**

Thank you for your interest in serving as an advisor to a student organization. By fulfilling this role, you will help enhance the student experience on campus and ensure the success of the organization you serve. The information outlined below is important for your role as an advisor. Completion of this form will serve as your intention to assume this role.

Please review the following information thoroughly and **complete each portion of this form on pages one and two**. Please keep a copy for your records and **return the original to the student organization leader who will upload this document on their online registration form. If unable to complete it before the student completes their registration, an emailed copy must be sent within two weeks of their submission**. This form and the additional components of the student organization's registration will be reviewed and by Office of Student Life. Upon the fulfillment of all requirements, the student organization will receive notification of approval. Should any questions arise, contact us at [usclife@uscb.edu](mailto:usclife@uscb.edu).

**Advisor Qualifications & Responsibilities:**

Per the Student Life Organization Manual, all student organizations **must have an advisor who is a full-time faculty or staff member** at the University of South Carolina Beaufort. **Part-time faculty and staff, registered religious workers and military personnel may serve as an advisor for related organizations with the approval of the Department of Student Life**. To determine eligibility for potential advisors who are not full-time faculty or staff members, student organizations should email [usclife@uscb.edu](mailto:usclife@uscb.edu).

As defined by the Student Life Organization Handbook, the responsibilities and scope of authority are:

1. Complete any and all requirements set forth by the Office of Student Life (i.e. trainings, workshops, etc.) as referenced within the student organization handbook.
2. Become familiar with, understand, and advise the organization to abide by all university policies and procedures.
3. Act in an advisory capacity, as opposed to a directive relationship in the organization through frequent interactions with the officers and members.
4. Sign or co-sign appropriate university forms, such as those for use of campus facilities, purchase orders, travel requests, or the registration of visiting speakers or lectures.
5. Contact the Office of Student Life when questions or problems arise.
6. Other responsibilities as defined within the Student Life Organization Handbook.

Information and resources to assist you in fulfilling your responsibilities as an advisor can be found in the Student Life Organization, located at [https://www.uscb.edu/student\\_life/get\\_involved/office\\_student\\_life/resources\\_forms.html](https://www.uscb.edu/student_life/get_involved/office_student_life/resources_forms.html).

I, \_\_\_\_\_ (Print Full Legal Name), agree to serve as the advisor

to \_\_\_\_\_ (Student Organization Name) until the next renewal

period as specified in within the Student Life Organization Manual, pending any decision made by myself, the organization, or the university which results in me no longer serving in this capacity. I confirm I will contact the Office of Student Life immediately if any situation occurs that results in my inability to serve in this capacity. I confirm I meet all requirements to serve as an advisor (faculty or staff) and will notify the Office of Student Life immediately if my eligibility or desire to serve in this capacity changes.

**Advisor Information & Signature:**

How long have you served as an Advisor for this organization?

Employee Classification:

< 1 year  1 year  2 years  3+ years

Faculty  Staff

University Position Title: \_\_\_\_\_ Campus Email: \_\_\_\_\_

College/Department: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Advisor's Email: \_\_\_\_\_

**By my signature below, I acknowledge that I have read, understand, and agree to the policies and procedures for student organization advisors outlined in this document, university policy, and the Student Organization Handbook. Additionally, I confirm that I have completed each portion of this form on pages one and two.**

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Advisor Information & Signature:**

Supervisor's Name: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

**By my signature below, I acknowledge that the person names above is servin as an advisor to an USCB organization**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All portions of this form and a signature are required. Incomplete forms or forms with an electronic signature will not be accepted. Both pages of this form must be scanned and submitted within the organization's online registration or by email within two weeks of the organization's registration submittal.**