



**APPENDIX C**  
**Student Organization**  
**Advisor Approval Form**

Campus Location: \_\_\_\_\_

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

**Advisor Information**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please list more than one (if applicable)**

Student Organization (to advise): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required Signatures (for approval):**

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Student Affairs

\_\_\_\_\_  
Date

*Retain a copy for your records*