



DEPARTMENT OF STUDENT INVOLVEMENT
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**Recognized Student Organization
Advisor Consent Form**

I, the undersigned, agree to serve as the advisor to the recognized student organization named below until such time that I submit the *Advisor Resignation Form*. I understand that this responsibility will involve the approval or disapproval of certain Student Involvement forms as necessitated by the student group (i.e. Missouri University of Science & Technology Recognition of Compliance Statement, Missouri University of Science & Technology Risk Management Seminar Compliance Form, Officer Appeal Form, etc.) and any other duties agreed upon by me and the student officers. I am also willing to be a contact for the group in the event that the president or other student officers are not available.

Please Complete:

Student Organization: _____

Name: _____

Campus Address: _____

Campus Phone: _____

E-Mail: _____

Signature: _____

Date