



## Primary Advisor Consent Form

### Section I - To Be Completed by Student

|                   |  |
|-------------------|--|
| Organization Name |  |
| Academic Year     |  |

|                        |  |
|------------------------|--|
| <b>President Name:</b> |  |
| Contact Number:        |  |
| BSU Student Email:     |  |
| Major/Classification:  |  |

### Section II - To Be Completed by Advisor

|   |
|---|
| <p>Affixing my signature below certifies that I, _____ (Print Name)<br/>         agree to serve as advisor to _____ (Print<br/>         Organizations Name)<br/>         for this academic year. I will abide by the policies and procedures of the Office of Student Life, and attend all<br/>         events sponsored by the student organization that I advise.</p> <p><b>If for any reason you are unable to serve as advisor, please submit your resignation in writing to the<br/>         Office of Student Life.</b></p> |
|---|

|                           |                             |
|---------------------------|-----------------------------|
| Advisor's Name:           | Campus Department/Location: |
| Campus Extension:         | Contact Number:             |
| BSU Email Address:        |                             |
| Advisor's Signature/Date: |                             |

Primary Advisors to student organizations shall be full time employees at Bowie State University. Graduate Students, Part-time faculty and staff members may serve as Secondary advisor to the organization with approval from the Primary Advisor.

|                                |                |              |
|--------------------------------|----------------|--------------|
| <b>For OSL Office Use Only</b> | Date Received: | Received By: |
|--------------------------------|----------------|--------------|