



Primary Advisor Consent Form

Section I - To Be Completed by Student

Organization Name	
Academic Year	

President	
BSU ID#	
Mobile Phone #	
Email	
Campus/Home Address	

Vice President	
BSU ID#	
Mobile Phone #	
Email	
Campus/Home Address	



Section II - To Be Completed by Advisor

Affixing my signature below certifies that I, _____ (Print Name) agree to serve as advisor to _____ (Print Organizations Name)

for this academic year. I will abide by the policies and procedures of the Office of Student Life, and attend all events sponsored by the student organization that I advise.

If for any reason you are unable to serve as advisor, please submit your resignation in writing to the Dean of Student Life.

Please **PRINT** the following information:

Advisor's Name	
Campus Address	
Campus Extension	
Email	
Mobile Phone #	
Advisor's Signature	
Date	

Advisors to student organizations shall be full time employees at Bowie State University. Part-time faculty and staff members may serve as an advisor to the organization upon approval of the employee's supervisor. The organization is free to select any eligible employee to serve as the advisor to the organization. Upon selection, the advisor must be approved by the Dean of Student Life.



For OSL Office Use Only

Date Received	
Received By	