Student Organization: _____

Student Leader: _____

Proposed Advisor: _____

Eligibility Requirements to be an Advisor

In order to serve as an advisor to a student organization, the advisor must meet the following criteria:

- Must be a full-time faculty or administrator of Ashland Theological Seminary
- Cannot be on study leave (during study leave a substitute advisor can be nominated)
- The Office of Student Affairs reserves the right to request that an organization change their advisor should he/she be unable or unwilling to fulfill the duties of advisor

Responsibilities of an Advisor to their Student Organization

- Serve as a "sounding board" for student ideas and issues
- "Check In" with student leaders regularly (advised that be at least monthly)
- Attend meetings, programs, and organized activities of the organization
- Assist in solving group conflict
- Modeling excellence in leadership and stability especially in times of leadership transition
- Ensure that the organization follow all University and Seminary policies and procedures by being aware of how these may impact the organization
- Helping to find a replacement advisor should you be unable or unwilling to continue in service
- We request a one year commitment at minimum and at least a ½ semester notice if you plan to step down from leadership

Responsibility of a Student Organization to its Advisor

- Keeping the advisor aware of all organizational meetings, decisions, and activities
- Work with the advisor to form a stable environment for the organization
- Be respectful of your advisors time and other commitments
- Share and discuss all important matters and organizational decisions with your advisor
- Receive your advisors wisdom and insight with an open mind and ear
- Discuss obstacles to group effectiveness with your advisor

I agree to participate as the Administrative/Faculty advisor for the above named student organization for the academic year **2014-15** being aware of the above listed eligibility requirements and responsibilities.

Signed:_____ Date: _____