

NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE

**Student Organization Information
and
Faculty Advisor (s) Agreement**

Date: _____

Name of Club or Organization: _____

Officer List:

Name	Address	Email	Phone
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

Faculty Advisor (s) Agreement

I (we) the Faculty Advisor (s) have agreed to be the club or organizational advisor of the proposed organized named above. If, for any reason, I (we) decide to resign as advisor (s) I (we) will notify, in writing, the President of said club or organization, the Student Senate, and the Student Activities Office, a minimum of fourteen (14) days prior to the effective date of resignation. My (our) term of office shall be for one year and is renewable annually at the discretion of the current student membership of said club or organization. *Advisor guidelines are available upon request.*

Faculty Advisor (s):

Name	Room #	Phone Extension
_____	_____	_____
_____	_____	_____
_____	_____	_____