

Student Organization Advisor Verification Form CHECKLIST

Form **MUST be completed at the beginning of each academic year **AND** when new Advisors are added!**

*NO student organization forms which **REQUIRE** an Advisor's signature will be accepted until a Student Organization Advisor Verification Form has been received and formally approved!*

X Required Items

- Form is signed by all elected Advisors who meet the GCC Advisor Requirement.
- Form is signed by the Student Organization President **AND** one (1) additional Officer.
- Signed minutes indicating the Officers and the Advisors of the student organization is attached.

*All items above **MUST** be completed **BEFORE** turning in the Advisor Verification Form to the Center for Student Involvement.*

Call the Center for Student Involvement at 735-5518/9, should you need more information.



**Student Organization
ADVISOR VERIFICATION FORM**

Date: _____

Academic Year: _____

Student Organization: _____

STUDENT ORGANIZATION ADVISOR ACKNOWLEDGEMENT

By signing below, I hereby accept my position as a GCC student organization Advisor for this academic year and acknowledge that I meet the GCC advisor requirement: "All GCC student organization advisors must be a permanent, full-time, faculty or administrator at the Guam Community College".

1. Student Organization ADVISOR:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

2. Student Organization ADVISOR:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

3. Student Organization ADVISOR:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

4. Student Organization ADVISOR:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

5. Student Organization ADVISOR:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

6. Student Organization ADVISOR:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

7. Student Organization ADVISOR:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

STUDENT ORGANIZATION OFFICER ACKNOWLEDGEMENT

By signing below, I verify the above individuals have been elected to serve as Advisors for our student organization.

Student Organization PRESIDENT:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Student Organization OFFICER: (Position/Title: _____)

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

**** Signed minutes indicating the Officers AND the elected Advisors of the student organization MUST be attached to this Form! ****

GCC Human Resources Office APPROVAL Certification

The above named Advisors hereby meet the GCC Advisor requirement.

Human Resources Office Representative:

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Authorizing Signatures

_____	_____	_____	_____
GERALD A. B. CRUZ, Program Specialist Center for Student Involvement	Date	MICHAEL L. CHAN, Ed.D., Dean School of Technology and Student Services	Date