

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:**

Print Name

Signature

Date

2. **Student Organization ADVISOR:**

Print Name

Signature

Date

3. **Student Organization ADVISOR:**

Print Name

Signature

Date

4. **Student Organization ADVISOR:**

Print Name

Signature

Date

5. **Student Organization ADVISOR:**

Print Name

Signature

Date

6. **Student Organization ADVISOR:**

Print Name

Signature

Date

7. **Student Organization ADVISOR:**

Print Name

Signature

Date

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:

Print Name

Signature

Date

Student Organization OFFICER: (Position/Title: _____)

Print Name

Signature

Date

**** 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.

APOLLINE SAN NICOLAS, SHRM-CP
Chief Human Resources Officer

Date

Authorizing Signatures

GERALD A. B. CRUZ, Associate Dean
School of Technology and Student Services

Date

MICHAEL L. CHAN, Ed.D., Dean
School of Technology and Student Services

Date