

Student Activities Advisor Update

Club/Organization Name _____ Date _____

Information may also be sent to Chris Raposa at raposa@cod.edu. Please include all information requested on this form.

PLEASE PRINT CLEARLY (ADDITIONAL CO-ADVISOR INFORMATION ON BACK OF FORM)

Primary Advisor Name*	
Signature <i>Required</i>	
Office <i>Building/room number</i>	Extension
Division <i>i.e., Liberal Arts</i>	
Campus Mail Stop	
Supervisor <i>Direct supervisor, please</i>	
Employment Status (please check one)	
<input type="checkbox"/> Full-time faculty <input type="checkbox"/> Part-time faculty <input type="checkbox"/> Full-time classified <input type="checkbox"/> Part-time classified <input type="checkbox"/> Administrator	
Best Way to Contact Me	
<input type="checkbox"/> Campus Voice Mail <input type="checkbox"/> Other Voice Mail _____	
<input type="checkbox"/> Campus E-Mail <input type="checkbox"/> Other E-Mail _____	

*This Advisor is the **MAIN** (1st) contact for Student Activities and general public; will receive financial information

Co-Advisor Name	
Signature <i>Required</i>	
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ADDITIONAL CO-ADVISOR INFORMATION

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For Student Activities Use Only: <input type="checkbox"/> Database updated
