

Associated Student Organization

Advisor Agreement Form

Associated Student Organization (ASO) are student organizations that have sought to be registered by the University. ASOs are independent legal entities from the University, have no delegated authority from the University, are not under the supervision of the University, and do not perform functions on behalf of the University. However, these organizations' mission statements may be connected to a University College, Department or Unit. ASOs are required to comply with all Federal, State, & Local Laws, Board of Governor's Policies, as well as all UCF Regulations, Policies & Procedures, including but not limited to the Golden Rule Student Code of Conduct and the Student Organization Conduct Code.

ASOs must be comprised exclusively of UCF students, unless granted exemption based on RSO policy. ASOs, upon completion of registration requirements, receive certain privileges as outlined in the Registered Student Organization Policy that includes operating, meeting, advertising, and participating in activities at the University of Central Florida. Associated Student Organizations are also eligible to submit funding requests through Student Government. In addition, ASOs are required to register annually and agree to abide by all relevant policies and procedures established by the University regarding

UCF faculty and staff members who agree to serve as an advisor to an Associated or Department Supported Student Organization may be protected by UCF liability coverage as long as they are acting in the scope of their position. The University of Central Florida expects advisors to understand and support all policies related to Student Organizations.

By signing below, you agree to serve as an advisor to the Registered Student Organization below and agree to or acknowledge the following:

- **Serving as advisor is a function of my position at the University**
- **When providing resources or support to Registered Student Organization, that it complies with all University's Policies and Procedures**
- **I will obtain an appropriate level of experience, resource information, and knowledge related to the mission, purpose, and activities of the organization.**
- **I will complete Campus Security Authority (CSA) training annually**

Name of Student Organization: _____

College/Department/Unit: _____

Printed Name of Advisor: _____

Advisor Signature: _____

Advisor Email: _____

Advisor Phone Number: _____

This page must be PRINTED/PDF, SIGNED, and UPLOADED to this form submission.

Incomplete forms will be denied. To return to your forms 'in progress' navigate to Your Name-- Submissions-- Organization Registration (third tab on the right), then click on 'Submit for Approval.' Incomplete/incorrect forms will be denied.