

## Department Supported Student Organization

### Advisor Agreement Form

**Department Supported Student Organization (DSSO)** are registered student organizations to which the University has delegated certain limited authority to perform specific tasks aligned with the University's mission. These groups are advised by UCF employees and can receive dedicated funding and resources from university departments. DSSOs 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.

DSSOs must be comprised exclusively of UCF students, unless granted exemption based on RSO policy. DSSOs, 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. Department Supported Student Organizations are also eligible to submit funding requests through Student Government (SG) if SG's policies permit. In addition, DSSOs 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 a Department Sponsored 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**
- **Provide oversight and make sure all RSO activities comply 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.