



BETHUNE COOKMAN UNIVERSITY
OFFICE OF GREEK LIFE

Greek Chapter Advisor's Statement

Name _____

Position _____

Are you a member of the organization? _____ Are you financially active? _____

Are you a member of a local graduate chapter? _____ Name of Chapter _____

Undergraduate University attended _____

Chapter of Initiation _____ Date of Initiation _____

Campus Address _____ Campus Department _____

Campus Phone _____ Home Phone _____ Cell Phone _____

Email Address _____ Other Contact Info _____

All Greek letter organizations must have a minimum of two advisors who work closely with the organization and serve as its liaison with the Office of Greek Life and Student Affairs. An advisor must be a graduate of a four year institution and have been out of undergraduate study for at least four years. If the advisor is a member of the Greek organization, he must be an active and financial member of a local graduate chapter. Campus advisors must be a member of the faculty or professional staff of the University.

The advisor must attend all major functions of the organization (i.e. parties, fundraisers, meetings, seminars, etc.). If an advisor cannot attend an event he/she must notify the office of Greek Life at least four days in advance of the activity. An advisor can designate another member of the faculty or professional staff to attend an activity in their absence.

Advisors are subject to approval by the Office of Greek Life and Vice President for Student Affairs. If at any time during the year an advisor finds that they cannot continue to serve, the advisor must immediately notify, in writing, the Office of Greek Life. The advisor is responsible for assuring that the organization complies with all rules and regulations outlined in the Student Handbook and of the respective fraternity/sorority.

I, _____ certify that I understand and accept the duties and responsibilities of an advisor and agree to abide by the rules and regulations governing Greek organizations as specified in the Student Handbook. I further understand that I may be held liable for actions of the organization stemming from violations of policies established by the University and/or the national Greek organization.

Advisor Signature

Date