



2039 Kennedy Boulevard
Jersey City, New Jersey 07305-1597

**Adviser Agreement
Student Government Organization
New Jersey City University**

I hereby agree to be the adviser of the _____
Name of club/organization

I understand and recognize that the duties of an adviser should include upholding NJCU's mission, policies, and regulations; maintaining regular contact with the club officers; being familiar with the activities/events of the organization; providing assistance in the administration of the financial affairs of the organization; reviewing and signing off on all forms pertaining to the business of the organization.

Name _____

NJCU Department _____ Title _____

Office extension _____ email _____

Best hours to be contacted _____

Signature _____ Date _____

Note. Advisers are not allowed to hold office or vote.