

Faculty/Staff Advisor for Greek-Lettered Social Fraternal Organizations  
University at Buffalo Advisement Agreement  
Fall 2009 - Spring 2010

I, \_\_\_\_\_, agree to be the UB Faculty/Staff Advisor to  
\_\_\_\_\_ for the 2009-2010 academic year.

- I understand that I am to advise the chapter to my best ability by assisting them with their on-going operation.
- I have received and reviewed the document titled “**Suggestions for Chapter Advisors** (additional attachment),” and have discussed with the leadership some specific goals to help them accomplish for the coming year.
- I have made arrangements to meet regularly (weekly, bi-weekly or monthly) with the leaders and/or members of the chapter.
- I may be called upon to assist and advise the chapter during special meetings or proceedings such as: Organization Review Hearings, Judicial Hearings or Conduct Review with the Assistant Director for Greek Affairs.
- I will attempt to work closely with all other chapter advisors (national support, local alumni/alumnae or Graduate Chapter) so that we can work collectively in better assisting the chapter to accomplish their overall goals.
- I will call upon the Assistant Director for Greek Affairs (Pam Stephens-Jackson 645-2055 ext. 123) when I am in need of assistance, information and/or support.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Name: _____
Department: _____
Campus Address: _____
Campus Phone: _____
Fax Number: _____
Email address: _____
<i>Please print clearly</i>