
**FRATERNITY AND
SORORITY LIFE**

 **HOFSTRA UNIVERSITY**

CAMPUS ADVISOR AGREEMENT FORM

Organization Name: _____

By accepting the position of advisor to a fraternity or sorority you have chosen to become involved with the greater fraternity and sorority community at Hofstra. An advisor has a genuine care and interest in the growth and development of the chapter and its members by serving as a consultant and providing direction, advice, understanding, and clarification. The Office of Student Leadership and Engagement (OSLE) is always willing to assist you, as we are your partners in facilitating leadership development and student success.

Responsibilities of an Advisor

- Upon appointment as an advisor, meet with the chapter leadership to establish a mutual understanding and expectations.
- Stay up to date about areas affecting fraternity and sorority life: recruitment, new member education, public relations, scholarship, service, risk management, etc.
- Have a general knowledge of Hofstra University, chapter, and national policies and procedures.
- Promote involvement within the fraternity and sorority and greater Hofstra community, including working collaboratively with OSLE.
- Review and sign forms as requested by the organization.
- Meet with the chapter leadership once a month to discuss chapter business, budgets, upcoming events, provide feedback, etc.
- Meet with inter/national headquarters visitors and delegates as needed.
- Be available to attend chapter meetings and events .
- Be available to meet with chapter members upon request.
- Contact OSLE with concerns/updates or for guidance and programming assistance.
- Report immediately to the Assistant Director for Fraternity and Sorority Life any activities that may violate university policy or any laws.

I understand and agree to perform the role of advisor to the above listed organization.

Advisor Name: _____

Hofstra Position/Title: _____

Hofstra Department: _____

Ext: _____ Campus Address: _____ Hofstra Email: _____

Advisor Signature: _____ Date: _____

Chapter President Name: _____

Chapter President Signature: _____ Date: _____