RSO Representative (print)

## 100 East Normal Avenue Kirksville, MO 63501-4221

Date

## RECOGNIZED STUDENT ORGANIZATION ADVISOR AGREEMENT

l, as	the faculty/staff advisor for	, understand that I am
	rithin the organization, and that I am e	
sound advice to my organizatio	on regarding programs, use of facilities	, operational procedures, and
University policies. I understand	and agree to comply with the followir	ng expectations:
<ul> <li>Meet regularly with the RSO</li> </ul>	's leaders and attend organization me	eetings as needed;
<ul> <li>Understand the RSO's goals,</li> </ul>	, constitution, by-laws, and other gove	erning documents;
<ul> <li>Assist in the planning of RSO issues;</li> </ul>	proceedings and activities and advis-	e leadership of any risk management
<ul> <li>Keep the organization inform</li> </ul>	ned of University policies and institution	nal matters;
	n between the RSO and the University	
<ul> <li>Assist RSO leaders in address</li> </ul>	sing members' development, advanc	ement, and concerns;
<ul> <li>Provide guidance aimed to</li> </ul>	ward mitigating risks to the RSO, its me	mbers, and the University;
<ul> <li>Carefully review the RSO's file</li> </ul>	nancial records on a regular basis and	d assist in correcting any financial
issues or concerns;	-	
<ul> <li>Provide constructive criticism</li> </ul>	n as well as positive feedback when a	ppropriate to RSO leaders and
members;		
	liance with all University policies and Ic	
	s of behaviors and activities that are p	
·	ce with nondiscrimination laws and po	
	onal Compliance of any potential viole	ations of the University's non-
discrimination policies;		
	hip and Conduct of any potential viole	ations of the Student Conduct Code;
<ul> <li>Attend annual RSO Advisor (</li> </ul>		
·	tes all requirements of Union and Invo	
<ul> <li>[list any additional duties ag</li> </ul>	reed upon by the RSO and/or advisor	]
	at I knowingly and voluntarily agree to	
	y failure to meet these expectations n	
	ne RSO I advise. I also understand that	
	ved from this role at any time and for	any lawful reason at the sole
discretion of the Vice President	for Student Engagement & Marketing.	
Advisor Name (print)	Signature	Date

Signature