

**Middle Georgia State University**  
**Recognized Student Organization (RSO) Advisor Intent Form**

Academic Year:

Name of RSO:

I hereby acknowledge my intent to serve as an advisor for the RSO listed above.

For RSOs with more than one advisor, I understand that only one advisor will be designated as the **primary** contact for official COA communications for the RSO.

I am the primary contact for official COA communications for this RSO.

I will share such communications, as appropriate, with any co-advisor(s).

A co-advisor is the primary contact for official COA communications for this RSO.

Name of primary COA contact:

I will ensure that all proposed activities and communications are in conformance with the goals of the organization, as well as the policies and procedures of the Office of Student Life, Middle Georgia State University, and the University System of Georgia.

I have reviewed the RSO Handbook, the MGA Student Handbook, and the SACT Policies and Procedures which contain the policies and procedures relating to the formation and functioning of all RSOs.

I agree to participate in mandatory training session(s), as offered by the Office of Student Life.

I understand that my role as advisor is contingent upon the approval of the dean of my school/ chair of my department or my immediate supervisor.

Should I decide to discontinue my service as advisor of an RSO, I will notify the Director of Student Engagement via letter or email. In the event that I am the sole advisor for this RSO, it is understood that the activities of the RSO will be suspended until an authorized replacement is secured.

Name of Advisor:

Signature of Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor:

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send the completed form to Christy Faulk, Student Services Coordinator at [christy.faulk@mga.edu](mailto:christy.faulk@mga.edu).*