Date:	
To the Office of Student Engagement:	
I,, do herby express my intent to serve as a advisor to the, (Name of RSO) Registered Student Organization at Western Michigan University for the 2024-2025 academic year or until resignation, removal or disbandment of the organization.	
I understand that as an RSO Advisor, I am require and regulations from the office of Student Engagoromise to uphold University Values and to sup of my abilities. I will allow the students to take relationship and my role as an advisor. I will prothe best of my abilities, and I will be attentive to	gement and Western Michigan University. I port students within the organization to the best the lead in determining the nature of our wide support and guidance for my students to
Furthermore, I understand that I will be require training modules within 30 days of signing and	•
Please fill out the following information:	
Current Position Title:	<del></del>
Relationship with WMU (Faculty, Staff, Graduat	e Student or Community Member):
Experience/skills relevant to RSO:	
By signing below, I acknowledge that I have re-	ad and understood all the above information.
Signature:	
Your Name:	
Email:	

Phone: \_\_\_\_\_