

Standards of Excellence
Standard 5 – Advisors

- *Chapter will have an on campus faculty or staff advisor and the advisor's contact information will be on file.*

Due November, 8 2009

Chapter: _____

Person Completing Form: _____

Staff/Faculty Advisor Contact Information

Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Staff/Faculty Advisor affiliation (if applicable): _____

Staff/Faculty Title: _____

For Office use only

Advisor: _____ *Date Standard Completed:* _____

Notes: _____
