



Student Organization Advisor/President Responsibility Acknowledgement

By signing below, I verify that I understand all responsibilities associated with leading/advising an HCC Student Organization and am aware of support offered through the Student Activities Office and Dean of Students.

Date: _____

Printed Name of Student Leader: _____

Signature of Student Leader: _____

Printed Name of Faculty/Staff Advisor: _____

Signature of Faculty/Staff Advisor: _____

Printed Name of Faculty/Staff Advisor: _____

Signature of Faculty/Staff Advisor: _____

Printed Name of Faculty/Staff Advisor: _____

Signature of Faculty/Staff Advisor: _____

Printed Name of Student Activities Coordinator: _____

Signature of Student Activities Coordinator: _____

Printed Name of Dean of Students: _____

Signature of Dean of Students: _____