



**ADVISOR VERIFICATION FORM FOR  
CORNELL UNIVERSITY ORGANIZATIONS**

Student Activities Office • 521 Willard Straight Hall • 255-4169

(Please print or type)

Name of Organization \_\_\_\_\_

Advisor's Name \_\_\_\_\_

Department \_\_\_\_\_

Please complete (Section 1a or Section 1b) **AND** (Section 2).

**SECTION 1 (complete either Part A or Part B)**

**Part A**

I am currently employed as a Cornell University faculty or staff member and advising the above named organization is part of my position responsibilities in my respective department.

Advisors Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Part B**

I am currently registered as a graduate student at Cornell University. I am employed by the department listed above, and part of my position responsibilities include acting as advisor to the above named organization.

I am under the direct supervision of \_\_\_\_\_ (name/title).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**SECTION 2 (must be completed in addition to Section 1)**

The organization named above is affiliated with the department of \_\_\_\_\_ at Cornell University. Its activities fully relate to the education, research, and community service mission of the University and to the goals or objectives of this department or unit.

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please complete this form and return it to 521 Willard Straight Hall. Note that your organization is not completely registered until all required forms are returned to the Student Activities Office. If you have any questions, please contact the Student Activities Office at 255-4169, or email Roxanne Edsall at [rme4@cornell.edu](mailto:rme4@cornell.edu).