



**Phi Beta Sigma Fraternity, Incorporated
Advisor's Identification Form**

Sponsoring Alumni Chapter: _____ Region: _____

Alumni Chapter President: _____

Collegiate Chapter: _____

Address: _____

College/University _____

Address: _____

Advisor: _____

Address: _____

Phone Number (wk) _____ (h) _____

As a member of _____ chapter, I accept the primary duty of as advisor to the above named collegiate chapter and assume the responsibilities, which include:

- Completion of Collegiate Advisor Training through Alumni University
- Obtaining and maintaining knowledge of University rules and regulations
- Acquiring a thorough understanding of the Phi Beta Sigma Membership Selection/Intake Procedures
- Monitoring the fiscal operations of the chapter
- Understanding of local, state and university policies on hazing and membership intake
- Attendance at formal meetings or assuring that an authorized designee attended
- Assuring communications within the fraternity; alumni and collegiate chapters, state, regional and national officers where appropriate

I understand that failure to carry out these minimal responsibilities could result in appointment of another person to serve. I, also, pledge to notify the sponsoring alumni chapter if I am unable to serve as advisor or to perform the duties outlines herein.

Primary Advisor _____

Signature

Date: _____