

Faculty Advisor Agreement

Purpose

The purpose of this Faculty Advisor Agreement (“Agreement”) is to facilitate the participation between Wayne State University School of Medicine (“WSUSOM”) student organizations and WSUSOM faculty in activities intended to provide student organization members with exposure and experiential education related to the field of medicine that foster a greater understanding of academic pursuits, diversity and community service/outreach. This Agreement demonstrates the commitment entered into between the WSUSOM Student Organization named herein (“Student Organization”) and the WSUSOM Faculty Advisor named herein (“Faculty Advisor”) to collaborate on projects/activities related to the Student Organization’s missions and goals.

Faculty Advisor Responsibilities

By volunteering to serve as an advisor to Student Organization, Faculty Advisor agrees to the following:

1. To serve as a campus resource for University policies and uphold the policies and procedures of the University and the WSUSOM;
2. To share Faculty Advisor’s knowledge and expertise and provide support and guidance in helping the Student Organization achieve its stated goals;
3. To serve as a consultant as needed and act as a liaison between Student Organization and WSUSOM administration;
4. To represent Student Organization, as needed, outside of the University and serve as an advocate for the Student Organization;
5. To attend Student Organization meetings as indicated;
6. To oversee all activities and programs planned and implemented by the Student Organization;
7. To help Student Organization maintain continuity;
8. To help Student Organization find balance between academics and extra-curricular commitments;
9. To work with Student Organization to establish and pursue annual goals/mission of the Student Organization;
10. Identify ongoing opportunities for the Student Organization to grow and further develop its outreach and/or community service activities; and

11. Contact the WSUSOM Assistant Dean of Student Affairs at (313) 577-1463 should the Faculty Advisor become aware of any concerning or unprofessional behavior.

Student Organization Responsibilities

Student Organization agrees to commit to the following:

1. To uphold University policies;
2. To discuss Student Organization activities with the Faculty Advisor during planning and prior to implementing any activities;
3. Pursue and participate in events and activities that foster academic pursuits, diversity and community service/outreach;
4. Inform Faculty Advisor of all Student Organization meetings in advance;
5. Invite Faculty Advisor to Student Organization meetings and activities and events and allow feedback;
6. Provide Faculty Advisor with minutes of meetings or other Student Organization materials as provided to Student Organization members;
7. Maintain professional behavior at all times; and
8. Inform Faculty Advisor, as indicated, should situations arise that may cause problems for the Student Organization or any members of Student Organization.

Mutual Responsibilities

The individuals responsible for coordination of this Agreement shall be the parties signing below; the Faculty Advisor and the Student Coordinator on behalf of the Student Organization.

Faculty Advisor and Student Organization agree to maintain the confidentiality of personally identifiable information and/or information disclosed as confidential in accordance with state and federal law requirements regarding privacy and/or confidentiality.

This Agreement does not currently anticipate or require a financial obligation from either Faculty Advisor or Student Organization.

The commitments outlined in this Agreement shall become effective upon signing of this Agreement by both parties and shall remain effective for one year unless terminated by either

party. Either party may terminate its commitment to the other party at any time by giving thirty (30) days' prior written notice to the other party.

Either party may renew its commitment to this Agreement by signing an annual agreement prior to any WSUSOM Student Organization's participation.

Acknowledgement:

For FACULTY ADVISOR:

(First Last Name) (Hospital Affiliation)

(Signature) (Date)

For WSUSOM STUDENT ORGANIZATION COORDINATOR

(Student Organization Name– please print)

(Name of Student Coordinator – please print) (Title)

(Signature) (Date)

For WSUSOM

(Associate Dean of Student Affairs Signature) (Date)

Please return completed form to Ms. Tracey Eady