

MEMORANDUM OF UNDERSTANDING

This Memorandum confirms that _____ has requested authorization to accept an invitation from a Northern Illinois University student organization known as _____ to assist it in serving as its Faculty Advisor effective _____. This request is approved by the Administrative Representative who has signed below, and the role of organization Faculty Advisor added to the scope of employment of the requestor by the undersigned. Actions taken in the role of Faculty Advisor are understood to make the requestor subject to the protections of the State of Illinois Employee Indemnification Act as applied through Board of Trustees *Regulation VII.E.*, Legal Representation and Indemnification, which states in relevant part: “The Board of Trustees shall not provide indemnification for a claim or action which is the result of intentional or willful and wanton misconduct. Legal representation and indemnification is subject to the Representation and Indemnification of State Employees Act and other applicable laws.”

This administrative approval is contingent on certain conditions:

1. Faculty Advisor represents possession of the necessary background and skills to fulfill this role.
2. Faculty Advisor has obtained and read a copy of the most current Student Organization Advisor Handbook from Northern Illinois University
3. Faculty Advisor will exercise due diligence in requiring the student organization and its officers operate in compliance with relevant University policies and procedures.
4. Faculty Advisor will participate in all training provided by Northern Illinois University related to Student Organization Faculty Advisors.
5. Faculty Advisor is aware that time, attention and effort will be required for successful service as the organization’s Faculty Advisor.
6. Faculty Advisor will assure the functions associated with this Student Organization do not interfere with other employment responsibilities.

Accepted:

Employee

**Northern Illinois University
Administrative Representative**

Signature of Faculty Advisor

Signature

Printed Name

Printed Name

Date: _____

Date: _____