



Student Activities Department

Advisor Verification Form

Name of Club: _____

Name of Advisor : _____ Department: _____

Rank : _____ e-mail: _____ ext : _____

(Please complete this form and return to the Student Activities Department)

I am currently affiliated with Qatar University as:

and I am confirming my willingness to serve as advisor of the

above mentioned club till _____.

ACADEMIC CLUBS ADVISORS are kindly requested to contact the dean of the college or chair of the department for their consent.

Signature: -----

Date: -----

Signature of Dean -----

Signature of chairperson: -----