CHANGE OF ADVISOR FORM
Student Organization Finance Office
Norris University Center
(847) 491-2328 ♦ sofo@northwestern.edu

DATE: ____________________

ACCOUNT NAME: _____________________________________________________________

ACCOUNT NO.: 2 0 ___ ___ — ___ ___ ___  SHORT NAME: _______________________

Student groups/teams having accounts with the Student Organization Finance Office (SOFO) are subject to operating under its transactional guidelines as well as those of the Norris Cashier’s Office (NCO) and Northwestern Financial Operations. These may be found in various published resources and on the websites of each respective area. They have been created to promote financial transparency and ensure compliance with institutional/governmental requirements.

Advisors are asked to periodically review their student organization’s processes to ensure equity and concordance with SOFO/NCO/University requirements. Advisors review individual financial transactions—voucher requests and supporting documentation (such as receipts, invoices, etc.)—for appropriateness with respect to their group’s stated purpose and University policy. Advisor signatures, appearing on the supporting documents of a transaction, will be compared to the advisor’s signature on file at SOFO. To this end, an advisor’s signature will be scanned and entered as an authorized Northwestern representative/advisor for the student organization listed above. Advisors may also be asked to attest in writing as the supervisor (or on behalf) of their student group as required by University systems.

SOFO cannot accept receipts and/or documentation signed by unauthorized individuals. Similarly, a change of advisor cannot be recorded without the authorization of the outgoing advisor (or the group’s advocate authority, in cases where the outgoing advisor is unreachable). Signatures must always be made in indelible ink, preferably in black ink.

NEW ADVISOR:

________________________________________ (PRINTED NAME)  __________________________________________ (SIGNATURE)  ________________ (NETID)  ________________ (DATE)

________________________________________ (DEPARTMENT NAME)  ____________________________ (UNIVERSITY PHONE NUMBER)  ______________________ (UNIVERSITY E-MAIL TO BE ADDED TO SOFO LISTSERV)

OUTGOING ADVISOR:

As outgoing advisor, I authorize ____________________________ as the new advisor of this organization, per my signature below:

________________________________________ (NEW ADVISOR NAME)

________________________________________ (PRINTED NAME)  __________________________________________ (SIGNATURE)  ________________ (DATE)

Receiving Attendant ______________________ Date: __________________

Database_______ Listserv_______ Machform_______ Date: __________

FHZ 03/22

_______ Received confirmation from advocate authority (only in cases where previous advisor has left the university and is unreachable): document attached