



New Club Request

Proposed Club Name		
Club's General Purpose:	NOTE: The College does not approve sports clubs through Student Activities.	
Proposed Advisor's Signature (must be full-time faculty or full-time non-teaching professional)		Phone Ext. _____ Office # _____
A minimum of 10 John A. Logan College student signatures are required: Please print or type.		
STUDENT NAME	STUDENT SIGNATURE	STUDENT ID
Please return this completed form to the Office of Student Activities & Cultural Events (B29).		

APPROVED:

- | | |
|--|------|
| 1. | Date |
| Director of Student Activities & Cultural Events | |
| 2. | Date |
| Dean of Student Services | |
| 3. | Date |
| Vice President for Administration | |