

## New Club Request

<b>Proposed Club Name</b>		
<b>Club's General Purpose:</b>		
<b>Proposed Advisor</b> (must be full-time faculty or full-time staff)	Print Name: _____	Phone Ext. _____
	Signature: _____	Office # _____
A minimum of 5 John A. Logan College student signatures are required: Please print or type.		
<b>PRINT STUDENT NAME</b>	<b>STUDENT SIGNATURE</b>	<b>STUDENT ID</b>
Please return this completed form to the Student Life office (C207).		

**APPROVED:**

- |    |   |      |
|----|---|------|
| 1. |   | Date |
|    | Manager of Student Life and Recruitment |      |
| 2. |   | Date |
|    | Assistant Provost for Student Affairs   |      |
| 3. |   | Date |
|    | Provost                                 |      |