

New Club Request

Proposed Club Name		
Club's General Purpose:		
Proposed Advisor (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.		
PRINT STUDENT NAME	STUDENT SIGNATURE	STUDENT ID
Please return this completed form to the Student Life office (C207).		

APPROVED:

1. _____ Date

Director of Enrollment Management

2. _____ Date

Assistant Provost for Student Affairs

3. _____ Date

Provost