

New Club Request

Proposed Club Name		
Purpose of the Club		
Proposed Advisor(s) Two (2) maximum. Must be full-time faculty or full-time staff.	Print Name:	Phone Ext.
	Signature:	Office #
	Print Name:	Phone Ext.
	Signature:	Office #
A minimum of five (5) John A. Logan College student signatures are required.		
PRINT STUDENT NAME	STUDENT SIGNATURE	STUDENT ID
Please return this completed form to the Student Development office (C215).		

APPROVED:

1.	Date
Associate Director of Student Development	
2.	Date
Director of Enrollment Management	
3.	Date
Assistant Provost for Student Affairs	
4.	Date
Provost	