



CLUB ADVISOR EXCEPTION APPLICATION

NAME: _____

TELEPHONE #: _____ EMAIL: _____

CLUB TO BE ADVISED: _____

Please describe your background or experience that make you qualified to advise this club:
(Attach a separate sheet if necessary.)

REFERENCES: Please list two current fulltime Snow employees as references

NAME	POSITION	PHONE #

* All applications MUST be turned in by the club chartering deadline for each semester. If the application is turned in after deadline, it may not be approved until the next semester.

By signing below I agree to follow all club policies as established by the College as well as the attached, signed Club Advisor Memorandum

Signature

Date

FOR OFFICE USE ONLY

Director of Student Life

<input type="radio"/> APPROVED
<input type="radio"/> NOT APPROVED

Vice President for Student Success

<input type="radio"/> APPROVED
<input type="radio"/> NOT APPROVED