

Club Initiation Form

Beirut Campus Byblos Campus

Club Name: Date:

Club Objectives:
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Club Activities:
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Club Members (minimum of 12 full time students)

Name	ID number	Phone number	E-mail	Signature
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Advisor’s Name: E-mail:

Signature: Date:

Campus life:

Council’s Decision: Approved

Comments:
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Chairperson’s Signature: Date: