

LIBERTY | STUDENT GOVERNMENT
UNIVERSITY | ASSOCIATION

CHANGE OF FACULTY ADVISOR FORM

Club Name:

Name of Faculty Advisor Resigning:

New Faculty Advisor Information:

Name: _____

Department/Position: _____

Email: _____

Phone Number: _____

Would you like to receive notifications about important SGA events/deadlines?

Yes: No:

Signatures:

Current Faculty Advisor Date

New Faculty Advisor Date

Club President Date

