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| **HEALTH, CULTURE AND SPORTS DEPARTMENT** |

**STUDENT CLUBS**

**Club Advisor Approval Form (Appendix 2)**

……/….../……

To FMV Isik University Rector’s Office,

I agree to act as an advisor to the ........................ Club which will operate / is operating affiliated with FMV Işık University.

Title, Name-Surname :

Faculty – Department / Unit :

Signature :