



LOGAN COLLEGE OF CHIROPRACTIC/UNIVERSITY PROGRAMS
STUDENT DOCTORS' COUNCIL

CLASS FORM

TRIMESTER (ex. Fall 1978) _____

TRIMESTER #: _____

CLASSROOM#: _____

	<u>Name</u>	<u>Phone#</u>
PRESIDENT:	_____	_____
VICE PRESIDENT:	_____	_____
SECRETARY:	_____	_____
TREASURER:	_____	_____
E.C.:	_____	_____
E.C.:	_____	_____
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ATHLETIC DIRECTOR:	_____	_____