STUDENT ACTIVITIES: EVENT APPROVAL FORM

A separate request form needs to be completed for each event/activity.

You will receive notification from the Office of Student Life no later than one week from the date submitted.

Submitted by: ___________________________ Date: _________________________

Name of Student Organization (if applicable): _____________________________

Date of event/activity: _____________________________

Location: ______________________________________________

Description of event/activity: ____________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Amount of resources needed to fund event/activity: _________________________

Who will staff the event/activity? _______________________________________

Name of faculty/staff that will supervise the event: _________________________

_________________________________________ Date

☐ Approved

☐ Not Approved: ________________________________________________

Signature of SGA President Date

Signature of Senior Director of Career Services & Student Life Date