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: ______________________________

_________________________________________ Date

Signature of SGA President

_________________________________________ Date

Signature of Senior Director of Career Services & Student Life

_________________________________________ Date