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 and time needed: _____________________________

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: ____________________________

Signature of Supervisor ___________________________ Date __________________________

☐ Approved- You will need to do the following:
  • If other resources are needed (furniture rearranging, additional tables & chairs, audio visual support,
    extension cords etc., contact Jane West at 302-295-1196, jane.v.west@wilmu.edu to make the
    arrangements.
  • Provide Jane a layout, if requested.

☐ Not Approved: __________________________________________________________

☐ Pending: ______________________________________________________________

Signature of SGA President ___________________________ Date __________________________

Signature of Senior Director of Career Services & Student Life ___________________________ Date __________________________