FUNDRAISING ACTIVITIES
REQUEST FOR APPROVAL FORM
A separate request form needs to be completed for each 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: __________________________________________________________

Description of fundraiser: _______________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Reason for raising funds: ________________________________________________________________
_____________________________________________________________________________________

Timeline of fundraiser: _________________________________________________________________

Any additional information: _____________________________________________________________

Estimate of amount needed to raise: _____________________________________________________

__________________________________ ____________________________
Signature of Advisor Date

☐ Approved

☐ Not Approved: ________________________________

__________________________________ ____________________________
Signature of SGA President Date

__________________________________ ____________________________
Signature of Senior Director of Career Services & Student Life Date