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 rise: _____________________________________________________

Signature of Advisor                                                                                               Date

□ Approved

□ Not Approved: ______________________________________________________________________

__________________________________________________
Signature of SGA President                                                                 Date

Signature of Director of Student Life                                                                 Date