



**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 Director of Student Life

Date