STUDENT ACTIVITIES: REQUEST FOR 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: _______________________________

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: _______________________________

___________________________________________ □ Approved

___________________________________________ □ Not Approved: _______________________________

Signature of Supervisor _______________________________ Date _______________________________

Signature of SGA President _______________________________ Date _______________________________

Signature of Director of Student Life _______________________________ Date _______________________________