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: ____________________________

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

☐ Not Approved: ____________________________

____________________________
Signature of SGA President Date

____________________________
Signature of Director of Student Life Date