STUDENT 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 Affairs
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 be working the event/activity? ___________________________

Name of advisor that will supervise the event: ___________________________

Signature of Advisor: ___________________________

☐ Approved

☐ Not Approved: ___________________________

_______________________________  ___________________________
Signature of SGA President              Date

_______________________________  ___________________________
Signature of Director of Student Affairs  Date