
MIAMI DADE COLLEGE
STUDENT LIFE DEPARTMENT
Hialeah*Homestead*InterAmerican*Kendall*Medical*North*West*Wolfson

ACTIVITY FORM
CAMPUS GROUP - OFF CAMPUS

Date received _____
(office use only)

Date processed _____

This form should be submitted to the office of **STUDENT LIFE** at least one week prior to the date of the proposed activity.

1. Organization Name _____

2. Activity is: **(check one)** Service _____ Fundraiser _____

3. Please describe activity:

4. How does this activity meet your organizational goals?

No activity can be processed by **Student Life** until the advisor's signature is secured.

Advisor

Organization Rep

Student Life

Original: Student Life
Copy: Organization Rep