

STUDENT LIFE 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.

Organization Name _____

Activity is: (check one) Service
 Fundraiser

Please describe activity:

How does this activity meet your organizational goals?

NO ACTIVITY CAN BE PROCESSED BY STUDENT LIFE UNTIL THE ADVISOR'S SIGNATURE IS SECURED.

Advisor _____ Advisor extension _____ email _____
Organization Representative _____ Signature _____
Student Life Representative _____ Signature _____