

Submit this form **four weeks** prior to activity for minor events, **six weeks** for major events, **two weeks** for community service and for fundraising and recruitment tables. Please note that if the Student Organization Coordinator or Student Life Department Director feels that we should meet about the event, no approval will occur until they meet with the Student Organization Advisor and President. No event is confirmed into you receive a copy of the activity registration form stating the activity has been approved. Please use additional sheet(s) if necessary.

Date:		🗌 On Campus	Off Campus
Organization Name:			
Type of Activity: 🗌 Social			
Name of Activity:			
Day/Date:	_ Start Time:	End Time:	
Location: On-Campus Location o	r Off-Campus Address	Cost of Admission \$	
Activity Description:			
How does the activity meet the g	goals of your organizati	on?	
Is it a co-sponsored by any depa	rtment or outside vend	or? If so please state nar	ne and contact information?
Learning Outcome satisfied and	l how?		
Organization Rep.	Signature		Date
The Advisor who signs this forn Coordinator with the name of the			
Advisor	Signature	I	Date
Office Use Only			
Student Life Department Rep.		Signature	Date
Location Reserved: 🗌 Yes	🗌 No - Explanatio	n:	
Activity: Signature	Approved	Denied-Explanat	tion: