

STUDENT ORGANIZATION EVENT REQUEST FORM

This form is required in order to hold an organization-sponsored event. This form must be submitted to the director of strategic initiatives and student engagement 10 days prior to each event.

Name of Student Organization: Student Organization Contact Name:			Date Submitte	ed:
EVENT DETAILS: Proposed Event Name: Event Date: Back Up Date: Event Time: Back Up Event Time: Desired Location*: Back Up Event Location *Room reservations must be approved in 25Live at lea		e.		
BUDGET: Do you plan on using your organization by What is your projected budget? Projected expenditures	_			
EVENT OBJECTIVES: Purpose of Event:				
Learning Objectives:				
Event Speaker(s): Speaker(s) Title(s): PLEASE NOTE: Speaker(s) bio and/or CV must be PROFESSIONAL DEVELOPME		quest form.		
Request for PD credit for this event:	YESNO			
If PD credit is requested, please advise which Executive	ve Board member will be plan	ning this event, and eligible to	receive 2 PD credits if appr	roved.
1. Name: for:	Position:	Responsible		
for:	2. Name:		Position:	Responsible
for: If above stated event is approved, the student organiza and the School of Public Policy Academic Catalog The sorganization activity Student Organization President Organ	School of Public Policy event condense of Public Public Policy event condense of Public P	alendar is subject to change and or FORMATION REQUES	d select events may take prio	ority over student
STUDENT LEADER PD CREDIT: A	APPROVED NOT	APPROVED		

Director of Strategic Initiatives & Student Engagement Date NOTES: