

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 Organ Student Organization C	ontact Name:			Date	Submitted:
EVENT DETAILS:					
Proposed Event Name:					
Event Date:		Bac	ck Up Date:		
Event Time:		Bac	ck Up Event Time:		
Desired Location*:					
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BUDGET:					
Do you plan on using yo					
What is your projected b	udget?		Projected budget		
xpenditures					
EVENT OBJECTIV	ES:				
Purpose of Event:					
Lagraina Objectives					
Learning Objectives:					
Speaker(s) Title(s):					
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