



**MASTER OF MIDDLE EAST POLICY STUDIES
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 Submitted:** _____

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 least one week prior to event date.*

BUDGET:

Do you plan on using your organization budget? ____ YES ____ NO
What is your projected budget? _____ Projected budget
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 submitted along with this request form.

If above stated event is approved, the student organization named above must agree to guidelines set forth in the *School of Public Policy Student Organization Handbook* and the *School of Public Policy Academic Catalog*. The School of Public Policy event calendar is subject to change and select events may take priority over student organization activity.

Student Organization President

Student Organization Advisor

TO BE COMPLETED BY OFFICE OF ENGAGEMENT:

EVENT REQUEST: ____ APPROVED ____ ADDITIONAL INFORMATION REQUESTED ____ NOT APPROVED

Director of Strategic Initiatives & Student Engagement

Date

NOTES: _____