

Student Activity Request Form

 Today's Date

 Organization Name

 Contact Person (Organization Advisor)

 Office phone number | Other phone number

 Email address

 Activity Title

 Activity Date

 Activity Start & End Time

 Number of Participants

Location of Activity

On-Campus (Specify Building/Room)

Off-Campus (Specify Activity Site)

(Note: For activities involving off campus travel, this request form must be accompanied by signed liability waivers for all student participants prior to documented approval will be granted by the Vice Chancellor for Student Affairs.)

Type of Activity Request

Competition

Conference

Fundraiser

Meal/Banquet

Performance

Academic Enrichment

Reception

Meeting

Trip

Community Service

Class Trip

Other _____

Please describe the nature and purpose of activity requested **in detail**.

Open to: (Choose One)

Group Members Only

ASUN Community Only

General Public

Charging Admission: (Choose One)

Yes - Ticket Price \$ _____

No

Please list faculty/staff members that will serve as chaperones for this activity:

 Chaperone Name

 Contact Phone Number/Email Address

 Signature

 Chaperone Name

 Contact Phone Number/Email Address

 Signature

For Administrative Use Only (To be Completed by Vice Chancellor for Student Affairs):

 Date received

 Approved by:

 Date

 Denied by:

Deadline: Two to Four Weeks Depending on scale of program.