

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.