



Student Event Request Form

Please submit your request 6 weeks prior to the date of your event.

Student Name: _____

Student Email: _____

Student Phone#: _____

Date of Event: _____

Time of Event: _____

Briefly State the Purpose of this event: _____

Number of People Expected: _____

Room Requested: _____

AV Needs: _____

Table & Lining Needs: _____

Approved Budget Amount for Food: _____

Enter N/A if no food will be provided

Suggested Menu:

If approved

Student Signature

Date

Office Use Only

Date Approved: _____

Program Manager for Student Life: _____