



**ON/OFF Campus Student Organization**

**Event Approval Form**

**Date of Submission** \_\_\_\_\_

**Student Organization:** \_\_\_\_\_

**Name of Student Submitting Form** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Attendance Expected (Approx. # of People Attending)** \_\_\_\_\_

**Location (\*\*MUST be approved by Admin. Asst ONLY):** \_\_\_\_\_

**Resources Needed:** \_\_\_\_\_

**Name of Guest Speaker:** \_\_\_\_\_

**Catering Vendor (if not from school vendor, must have estimate from them):** \_\_\_\_\_

**Faculty Advisor Approval Signature:** \_\_\_\_\_

**Dean of Student Affairs Approval Signature:** \_\_\_\_\_

**SGA Vice President Sign Off:** \_\_\_\_\_

**Event Entered into TouroCOM Calendar**

**This document must be COMPLETED 14 days prior to the event or with special permission.**

**Any exceptions to the above will require sign off by the Faculty Advisor, Community Affairs Advisor and the Student Organization Liaison.**