



### **STUDENT ORGANIZATION EVENT REQUEST FORM**

This form is required in order to hold an organization-sponsored event. This form must be submitted to the Student Life Coordinator 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.

#### **PROFESSIONAL DEVELOPMENT (PD) CREDIT:**

Request for PD credit for this event:  YES  NO

*If PD credit is requested, please advise which Executive Board member will be planning this event, and eligible to receive 2 PD credits if approved.*

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Responsible for: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Responsible for: \_\_\_\_\_

*If above stated event is approved, the student organization named above must agree to guidelines set forth in the Pepperdine College of Health Science Student Organization Handbook and the Pepperdine College of Health Science Academic Catalog. The Pepperdine College of Health Science 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 STUDENT SERVICES OFFICE:**

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

**EVENT PD CREDIT:**  APPROVED with  PD Credits  NOT APPROVED

**STUDENT LEADER PD CREDIT:**  APPROVED  NOT APPROVED

\_\_\_\_\_ Student Life Coordinator

\_\_\_\_\_ Date

**NOTES:**