



## 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:**