



## STUDENT ORGANIZATION MEETING REQUEST FORM

This form is required in order to hold an organization-sponsored meeting. This form must be submitted to the Student Life Coordinator 10 days prior to each meeting.

Name of Student Organization: \_\_\_\_\_

Student Organization Contact Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

### MEETING DETAILS:

Meeting 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

### MEETING OBJECTIVES:

Purpose of Organization Meeting:

---

---

---

Meeting Speaker(s):

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

---

Student Life Coordinator

Date

### NOTES: