



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: