



FORM 3.5

T-SHIRT/SPECIALTY ITEM APPROVAL

Name of Organization: _____

Advisor: _____ Phone: _____ Email: _____

President/Rep: _____ Phone: _____ Email: _____

Name of New Product: _____ Price of Product: _____

Type of Product to be Sold/Printed: _____

Is this for a specific event? Y N

Event Name: _____ Event Date: _____

Unit Cost: _____ Number to be produced: _____

Manufacturer/Printer: _____

Address: _____

Distribution Plans/Date(s): _____

All t-shirts and specialty items must be approved by the Director of Student Activities, Dean of Students, and the Vice President for Student Affairs. Signing this document indicates that you have read Section 1.3.7.

Organization President/Representative Date

Organization Advisor Date

****Please attach artwork with request****

Approve/Reject _____
Director of Student Activities *Date*

Approve/Reject _____
Dean of Students *Date*

Approve/Reject _____
Vice President for Student Affairs *Date*