



**CAMPUS EVENT APPROVAL FORM**

Event Title: \_\_\_\_\_

Department/School Hosting Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Times: \_\_\_\_\_

Location on Campus: Building: \_\_\_\_\_ Room(s): \_\_\_\_\_

Age/Demographic of Guests (children, youth, senior citizens, etc.): \_\_\_\_\_

Expected Number of Attendees: \_\_\_\_\_ Will additional parking for off-campus guests be required? YES NO

Special Guest Speakers (if applicable): \_\_\_\_\_

Amount Budgeted for Event: \_\_\_\_\_ Total Estimated Cost: \_\_\_\_\_

Sponsors: \_\_\_\_\_

Food Services: \_\_\_\_\_ A/V Required: \_\_\_\_\_

\_\_\_\_\_  
Dean/Director Signature Date

**DESCRIPTION OF EVENT OR ANY OTHER SPECIAL ACCOMMODATIONS**



This form needs to be forwarded to the following: Holly Edwards Larry Northcutt Chris Crawford

\_\_\_\_\_  
Provost/Vice President for Academic Affairs Date

\_\_\_\_\_  
President Date