REQUEST FOR STUDENT ACTIVITY FEE FUNDS

| Date application submitted: | |
|------------------------------------------|----------------------------------|
| Name of Organization: | |
| Person in Charge: | |
| Date of Event: | Time: |
| Location of Event: | |
| Description of Event: | |
| Funds Requested (please itemize): | |
| | |
| Have funds for this activity been allott | |
| Yes | No |
| Sponsor Signature | Director, Student Activities |

ALL REQUESTS MUST BE FILED WITH THE STUDENT ACTIVITIES OFFICE FIVE (5) DAYS PRIOR TO THE STUDENT ACTIVITIES FEE ADVISORY COMMITTEE MEETING.