



Student Activity Request Form

Faculty Sponsor: _____

Date: _____

Event/Activity: _____

Date of Event/Activity: _____

Event/Activity Purpose: _____

Participants: _____
(affiliation and
approximate number) _____

Itemized Budget	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount Requested \$ _____

Submit completed request form to GSSL, McKenna 129.

To be completed by department:

Approved Rejected

Amount: _____