

**FLORIDA A&M UNIVERSITY
COLLEGE OF LAW FACILITY REQUEST & EVENT APPROVAL FORM**

Form MUST BE received by the Office of Student Affairs (OSA) in accordance with the Facility Use General Policies & Information

SECTION I (FOR REQUESTOR USE ONLY)

CAMPUS EVENT DATE: _____ CAMPUS EVENT TIME: From _____ am/pm To _____ am/pm

ORGANIZATION NAME (Print): _____ **Number of Guests** _____

***** BY SIGNING THIS FACILITY REQUEST & EVENT APPROVAL FORM, YOU AGREE TO ADHERE TO THE FACILITY USE GENERAL POLICIES & INFORMATION *****

FACULTY ADVISORS ARE REQUIRED TO ATTEND ALL EVENTS.

WILL FEES BE CHARGED? Yes No AMOUNT: _____ OPEN TO THE PUBLIC? Yes No

WILL FOOD OR BEVERAGES BE SERVED? Yes No (If yes, please submit a separate catering request to the OSA)

TYPE OF EVENT _____ (Must adhere to submission deadlines): Agenda Proposal attached (as appropriate)

FACULTY ADVISOR NAME: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
	Print	Faculty Advisor Signature
		Date

ORGANIZATION President/Other (Print): _____ Signature: _____

EVENT CONTACT NAME (Print) _____ POSITION: _____

CONTACT SIGNATURE: _____ Tele. No(s): _____ FAMU E-Mail: _____

FURNITURE & EQUIPMENT REQUIREMENTS (check all that apply)

Tables _____ Chairs _____ Podium w/Microphone Overhead Projector/Screen

Area/ Name/Room Number/Off-Campus Venue Request

*** DO NOT WRITE BELOW THIS LINE ***

Confirmed reservations are subject to cancellation if the reserved space is needed for Florida A&M University College of Law; or at any time prior to or during an event if User fails to comply with university policies and procedures; or if false statements are contained in the request. Prior notice will be given.

SECTION II

SIGNATURES BELOW ARE REQUIRED BEFORE THIS EVENT IS CONSIDERED APPROVED

1. _____ Approved Denied Comments: _____
Director of Student Affairs **Date**

2. _____ Approved Denied Comments: _____
Director of Facilities **Date**

3. _____ Approved Denied Comments: _____
Director of Development & Alumni Affairs (Designee)

COMMENTS:
 Staff initials _____ Room assigned _____ Date Confirmed _____ Cancellation Date _____

Reason(s) for disapproval/pending: _____