  **Request for Approval**

**Use of CHHS Facilities and Student Organization Events**

Form is required for all student organization events using CHHS facilities.

Please submit as far in advance as possible

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| Date Request Submitted: |  | Organization, if applicable: |  |

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| Requestor/Contact for Organization: | | | | | | | | | | | | | | | | | | Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| (A faculty member/advisor must attend student events.) | | | | | | | | | | | | | | | | | | Phone Number: | | | | | | | |  | | | | | | | Campus Mailstop: | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | Email: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Date of Event or Use of Facilities: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Needed (start time and end time, including clean-up): | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Event or Facility Use: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please describe amount of space needed: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Anticipated number of attendees: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a specific room or space is requested, please indicate: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you anticipate the event will generate revenue for the organization? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | -Yes | | | | | | |  | -No | | |  | | |  | | | |  | |
| Will you be serving food or beverages? | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | -Yes | | | | | |  | | -No | | | |  | | | | |  | | |
| If Yes: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Food will be supplied by: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will participants be charged for food? | | | | | | | | | | | | | | | -Yes | | | | | | | |  | | | -No | | | | |
| Custodial services needed? | | | | | | | | | |  | | | | | -Yes | | | | | | | | | | | -No | |
| **If custodial services are required, the cost will be covered by the host person/organization. If no custodial services**  **are required, the contact person listed above is responsible for ensuring the space is cleaned up and restored to**  **standard condition before leaving the event.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Equipment Needed: | | | Number of Tables: | | | | | | | | | | | | | | | | | -Round | | | | | | | | | |  | | -Square | | | | | | | | | | | | |
| Technology Support: | | | | Please submit request directly to CHHS IT at https://www.wmich.edu/hhs/technology/av | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *Please complete your online technology/AV request at least one week before the event.*  *Contact the CHHS Help-desk by phone at (269) 387-7309 for short-notice requests.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Requestor | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | |
| Faculty Advisor (if Student is Requestor) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | | | | |
| *Please submit completed form to Nancy Cretsinger, Director of Academic and Student Services, CHHS, via email at*  [*nancy.cretsinger@wmich.edu*](mailto:nancy.cretsinger@wmich.edu) *or via campus mail to Dean’s Office, CHHS, Mail Stop 5243. A copy will be returned to you.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Dean’s Office Use Only:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assigned Room(s): | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coordinator of Building Services: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How does this event support the strategic plan of the college and university? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
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| Approved: |  | | | | | Denied:  - | | | | | | | | | | | Reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director of Academic and Student Services: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Date: | | | |  | | | | | | | | | |
| (Rev. 01/15) | | | | | | | | | | | |  | | | | | | | | | |  | | |  | | | | | | | | | |  | | | |  | | | | | | | | | |