  **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: |       |

|  |  |  |
| --- | --- | --- |
| 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: |       |
|  |       |
| Please describe amount of space needed: |       |
|  |       |
| 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.**  |
|  |  |  |  |  |  |
| 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* *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? |  |  |
|  |
|  |  |  |  |  |  |
| Approved: | [ ]  | Denied: [ ]  - | Reason:       |
| Director of Academic and Student Services: |  | Date: |  |
| (Rev. 01/15) |  |  |  |  |  |