



Tuskegee University
College of Veterinar Medicine

Student Activity Request Form

Date of Request _____

Date of Proposed A ctivity: _____ Time: _____

Organization: _____

Student Responsible for the A ctivity: _____

Student Contact Information: _____

Name of Facul A dvisor: _____

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Faculty A dvisor Contact Information: _____

Name of the A ctivity: _____

Location of the A ctivity: _____

Purpose of the A ctivity: (Include how this activity will benefit the student and the College and attach documentation materials):

Logistical Needs (Include what items are needed to make your event successful i. e. audio, visuals, table chairs, etc.):

Student Signature: _____ Date: _____

Faculty A dvisor Signature: _____ Date: _____

Do Not Write Below This Line

Approval: (Yes) (No)

Signature: _____ Date: _____

Associate Dean for Academic and Student Affairs