Nashville State
Community College
Office of Student Life

Student Organization Activity Approval Form

Semester: _____ Year: _____

*Please complete one form for each activity your organization will sponsor.
This form **DOES NOT** guarantee that an activity will be funded.

Organization/Club Name:
_____

Name of Activity:
_____

Activity Contact Person (with phone or e-mail):_____

Date & Time: _____ **Location:**
_____

****Please contact the Office of Student Life (S-103, 353-3026) or the Office of Special Projects (S-115, 353-3233) to request S-108 (for meetings).**

Description: What is the goal for this activity? If individuals other than your members are being asked to participate, submit their name (s), affiliation and how they will participate in this activity.
_____

How will this activity benefit the and/or the campus community? _____

Estimated Cost: _____

Funds will be used for:
_____

_____ _____ _____ _____
President/Chairperson Date Organization Advisor Date

Received by: Secretary II / Student Life Representative Date

_____ _____ Approved: Yes: _____ No: ____
S.G.A. President or Representative Date

_____ _____ Approved: Yes: _____ No: ____
Director of Special Projects and Student Life Date

_____ _____ Approved: Yes: _____ No: ____
Dean of Students Services Date