



SHERMAN COLLEGE  
of STRAIGHT CHIROPRACTIC

# STUDENT/CLUB REQUEST FOR ON-CAMPUS SEMINAR AND FACILITIES USE

Submit application to Student Affairs

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
By: \_\_\_\_\_

Use of Sherman College facilities will only be approved for functions that further the objectives of the college and/or provide the students with well-rounded, co-curricular activities.

Student Clubs may request the use of college facilities under the following provisions:

- Attendees will be charged no more than \$50
- The program will be offered only to students – D.C.s, other than faculty, may not attend
- This completed application and all required information is submitted six (6) weeks prior to the event to ensure time for approval and event promotion
- The seminar / workshop / event is approved by the vice president for academic affairs

**Note:** Programs conducted by individual students, faculty or outside parties must be referred to the Department of Continuing Education.

**Please Print.** Submit completed application and required materials to the Office of Student Affairs. Requests will not be considered unless all information is submitted with the request.

Date of Submission \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested by \_\_\_\_\_ Club/Organization \_\_\_\_\_

Telephone Number of individual organizing the event \_\_\_\_\_ E-mail: \_\_\_\_\_

Faculty Advisor who will be present for the entire event \_\_\_\_\_

Program/Event Title \_\_\_\_\_ Event date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Attendance Fee \$ \_\_\_\_\_ Profits go to  Speaker  Club  Other \_\_\_\_\_

Expected Number of Attendees \_\_\_\_\_ Furniture  Will be moved and RETURNED to position  Will not be moved

Requesting CSG Club funds?  Yes  No Speaker expenses paid by \_\_\_\_\_

Hours: Day 1 \_\_\_\_ a.m./p.m. to \_\_\_\_ a.m./p.m. Room(s) requested: Scallon \_\_\_\_\_

Day 2 \_\_\_\_ a.m./p.m. to \_\_\_\_ a.m./p.m. Health Center \_\_\_\_\_

Day 3 \_\_\_\_ a.m./p.m. to \_\_\_\_ a.m./p.m. Olsen \_\_\_\_\_

\_\_\_\_\_  
Speaker / Instructor's Name

\_\_\_\_\_  
Speaker / Instructor's Telephone / E-mail Address

**Statement of Liability:**  
I understand that I and/or the club/organization I represent will be fully responsible for any damage to Sherman College facilities or equipment. Charges for damages will be assessed and must be paid within 30 days following the event.

\_\_\_\_\_  
Date  
Signature of Event Organizer / Designated Contact Person

\_\_\_\_\_  
Date  
Faculty Member's Signature Signifying He/She Will Attend Program

### Required Attachments:

Items 1-3 required for academic / chiropractic programs

1.  Instructor/Speaker Curriculum Vitae or Resume
2.  Program Outline – including # hours per topic
3.  Specific Learning Objectives
4.  Copy(ies) of promotional ads / flyers
5.  Power Point slide for college monitor display

### Required Approvals:

1. Academic Affairs \_\_\_\_\_
2. Continuing Ed \_\_\_\_\_ 3. HC \_\_\_\_\_
4. Maintenance/Security \_\_\_\_\_
5. Student Affairs \_\_\_\_\_

Student Services will distribute final copies to:

- Academic Affairs  Student Affairs  Maintenance/Security  
 Business Office  Receptionist  HC  Other \_\_\_\_\_