



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 (without permission from student affairs and VPAA)
- 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 ____/____/____

Speaker(s) _____

Purpose/Objective of Presentation _____

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

Expected Number of Attendees _____

Set-up Needs: ____ Walls opened ____ Computer/Projector ____ Sound system/ Microphones ____ Other

Furniture Will be moved and RETURNED to position Will not be moved

Requesting CSG Club funds? Yes No Speaker expenses paid by _____

Date: _____ 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 &/or E-mail Address _____

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

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 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 _____