CALIFORNIA NORTHSTATE UNIVERSITY
COLLEGE of PHARMACY

STUDENT ORGANIZATION UNIFORM
(Request for events, fundraising, CoCuLO activities)

Student Organization:_____

Event: _____

Date(s) of Event:_____**Location:**_____

Address: _____

Time of Event:_____ **Estimated hours that will be spent at event:**_____

Brief description of event/activity* *(e.g. health fair/blood pressure screenings; fundraising; nursing home/ brown bag event)*:
_____

***NOTE: If this event is not fulfilling a co-curricular learning outcome, a proposal must be attached describing this event in detail.**

Nature of Activity (Check all that apply):

☐ Professional Meeting   ☐ Fundraising   ☐ Social

☐ Community Service Event   ☐ Legislation   ☐ Other: _____

Event Information

	Name/Title	Contact Info (email and phone number)
Local/State/National Organization		
Other Schools/Organizations involved in event		
Preceptor(s) **For event approval, a preceptor must be identified if health screenings are being conducted**		

Is this event/activity open to all students?

☐ No   ☐ Yes

Budget/Funding Requested:
***NOTE: If yes, an itemized estimate of costs must be attached and signed-off by organization advisor.**

☐ No   ☐ Yes

Marketing/Advertising/Educational Materials* (Check all that apply):
***NOTE: All promotional and/or educational material must be attached and approved by organization advisor and Office of Student Affairs.**

☐ None   ☐ Main Lobby Monitor   ☐ Original Materials Posted Within the College
☐ Use of CNUCOP Logo Requested   ☐ Original Materials Posted Outside College

Supplies Requested:
***NOTE: If yes, please complete the table below and specify the item requested, quantity, and size of items needed, if applicable *(ex: band aids, #200, medium).*

☐ No   ☐ Yes

Item Requested	Quantity	Size

Contact Info:

Primary Contact: _____   President: _____

Phone Number: _____   Phone Number: _____

Email: _____   Email: _____

Signature: _____   Signature:_____

Co-Curricular Learning Outcomes:

Please select which co-curricular learning outcome(s) this event fulfills, if applicable.

❑ 1. Social awareness and cultural sensitivity

❑ 2. Professionalism and advocacy

❑ 3. Self-awareness and learning

❑ 4. Innovation/entrepreneurship

❑ 5. Public health and education

❑ 6. Service and leadership

Please select whether your event is a knowledge-based or experienced-based CoCuLO event.

Knowledge-based CoCuLO events augment classroom learning and/or provide information on a certain topic (e.g. Professional Career Development seminars). Experience-based CoCuLO events emphasize hands-on advanced learning of material learned in the classroom (e.g. immunization administration at a health fair).

❑ Knowledge-based CoCuLO event

❑ Experience-based CoCuLO event

Please describe how this activity or event specifically fulfills this co-curricular learning outcome(s) selected above, as well as why you feel this event is a knowledge-based or experience-based event or activity.

Within four weeks of completion of the event, in order to fulfill a CoCuLO, each participant must complete and upload to CANVAS a self-reflection using the electronically fillable Knowledge-Based or Experience-Based Self-Reflection forms available on the CoCuLO CANVAS course page. Upon submission of the self-reflection, the student is to notify his or her faculty advisor that he/she has uploaded a self-reflection. The advisor will then use a rubric to score the narrative.

Faculty Advisor Signature: _____ **Print Name:** _____

Date: _____

The UniFORM and all associated documents must be completed, signed by the organization advisor, and submitted to the Office of Student Affairs via email to igrant@cnsu.edu no later than 14 days prior to the event.