



# STUDENT ORGANIZATION UniFORM for Event Proposals/Request for Funding/Travel Request

**Organization (Check all that apply):**

- AMCP    APhA    ASCP    CNUCARES    CPFI    CPhA    DWP-SC    Kappa Psi  
 MAPS    NCPA    PDC    RPP    SBC    SCCP    SNPhA    SSHP    SYF    Other: \_\_\_\_\_

**Date(s):** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Address: (if not CNUCOP)** \_\_\_\_\_

**Description of Activity:** \_\_\_\_\_

**\*NOTE: MUST ATTACH a proposal including a detailed description of your event & reasoning for funding request. Additionally, please attach a list of all students who plan on participating, including their respective class.**

**Nature of Activity (Check all that apply):**

- Professional Meeting (Nat/State/Local)    Fundraising    Class Project    Other:  
 Community Service Event    Legislation    Social \_\_\_\_\_

**Alcohol involved?**    No    Yes (If yes, please refer to the College's Alcohol Policy)

**Collaboration/Sponsorship/Organizations/Student/Preceptor Involvement:**

**LIST NAMES OF ALL PERSONS INVOLVED IN MANAGING THIS EVENT & CONTACT INFO (email or phone #)**

	NAME/TITLE	CONTACT INFO
Local/State/National Organization		
Other Schools' Organizations/ Others (A list may be attached)		
Preceptor Site/Preceptors (Must be correct RATIO of Preceptors)		

**Request for Sacramento State University Nurses:**

- No    Yes

**Budget/Funding Requested:**

**\*NOTE: If yes, FUNDING REQUEST Form MUST be attached and signed off by Advisor.**

- No    Yes

**Marketing/Advertising/Educational Materials Displayed (Check all that apply):**

**\*NOTE: If using original materials, copies of all materials MUST be attached and signed off by Advisor.**

- 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, EVENT SUPPLIES CHECK OUT LIST form MUST be attached and signed off by Advisor.**

- No    Yes

**Contact Info:**

Primary Contact: \_\_\_\_\_ President: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**ALL FORMS MUST BE COMPLETED, ATTACHED, SIGNED & APPROVED AT LEAST 14 DAYS PRIOR TO EACH EVENT. EVENTS WILL NOT BE APPROVED IF SUBMITTED AFTER THE 14 DAY DEADLINE.**

**Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**\*\* You must submit a Student Organization Event Follow-up form for all health events or other community service projects. \*\***

Please submit completed form with all supporting documents to Imani Grant or Polly Robertson.

**Student Affairs Use Only**

Proposal Received by:   Signature \_\_\_\_\_   Date: \_\_\_\_\_  
 Event Approved by:   Signature \_\_\_\_\_   Date: \_\_\_\_\_  
 Event Posted to Web   Authorized Funding Amount: \$ \_\_\_\_\_   Date submitted to finance: \_\_\_\_\_