



Tuskegee University
College of Veterinary Medicine

Student Activity Request Form

Date of Request _____

Date of Proposed Activity: _____ Time: _____

Organization: _____

Student Responsible for the Activity: _____

Student Contact Information: _____

Name of Faculty Advisor: _____

Faculty Advisor Contact Information: _____

Name of the Activity: _____

Location of the Activity: _____

Purpose of the Activity: (Include how this activity will benefit the student and the College and attach documentation materials):

Logistical Needs (Include what items are needed to make your event successful i. e. audio, visuals, table chairs, etc.):

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

Do Not Write Below This Line

Approval: (Yes) (No)

Signature: _____ Date: _____

Associate Dean for Academic and Student Affairs