



Fund-Raising Approval Form

(FOR ALL NON-STUDENT ORGANIZATION GROUPS)

Today's Date: _____

Sponsoring Organization Name: _____

Describe event/activity and purpose: _____

Date of Event: _____ Time of Event _____

Name of Contact Person: _____ Phone No. _____

Signature _____

Address _____ City _____ State _____ Zip _____

Office use only:	Approved: Yes _____ No _____
Date: _____	Dean of Student Services: _____
Date: _____	Dean of Instructional Services: _____

A copy of this form, once approved, will be sent to the Director of Institutional Advancement and supervising Dean.