BISHOP STATE

College Activity Request Form

Name of Activity: _____

Division / Department: _____ Submission Date: _____

Sponsor of Event: _____ Email Address: _____

Contact Person: _____ Phone Number: _____

Activity Date: _____ Activity Time: _____

Campus Location: _____ Room / Building _____

Detailed Event Description:

_____

_____

_____

_____

Activity has been approved by the Bishop State Police Chief. ☐YES ☐NO

Signature / Date _____

Activity has been approved by the Director of Facilities. ☐YES ☐NO

Signature / Date _____

Activity has been approved by applicable Dean. ☐YES ☐NO

Signature / Date _____

Activity has been approved by the Vice President of Instructional Services. ☐YES ☐NO

Signature / Date _____

Activity has been approved by the President. ☐YES ☐NO

Signature / Date _____

Please submit a completed form with handwritten signatures to the President's Office at least two (2) weeks prior to event.

For Office Use Only