

Student Organization President/Representative

Event & Calendar Request Form

Name Organization or Department La Verne Email			Date of Request Contact Person Phone: work cell								
						Event Info:					
						Event Name:					
Event Type: [Select all that apply] Awards Ceremony Commencement Dinner Dates, Location, Sta *If the location is in the			Orientation Reception Service Event Symposium Workshop	Event Website Attendance Fed	e:						
Date: Location: Date: Location:		Eve	ent Time: VD Time:	to to							
,	ntion (one senter	nce).									
Brief Event Descrip	`	nce):									
	for Student Org te sure your time/da s been checked ema res acquired, send th	anizations/Evalue are available (I il the form to secu	Ms. Sirna in the R are the signatures lawstudentaffairs	below (electronic si @laverne.edu for fin							
Detailed Event Descrip Detailed Event Des Approval process 1. Check EMS to mak 2. Once time/date has 3. With both signatur **Your event is NOT	for Student Org the sure your time/dates been checked emanters acquired, send the approved until your	anizations/Evo ate are available (I il the form to secu the signed PDF to a receive an appro	Ms. Sirna in the R ure the signatures lawstudentaffairsoval email after you	below (electronic si @laverne.edu for fin	gnatures are required). al approval.						
Brief Event Descrip Detailed Event Des Approval process 1. Check EMS to mak 2. Once time/date has 3. With both signatur	for Student Org the sure your time/dates been checked emaines acquired, send the approved until your Approximation.	anizations/Evo ate are available (I il the form to secu the signed PDF to a receive an appro	Ms. Sirna in the R ure the signatures lawstudentaffairsoval email after you	below (electronic si@laverne.edu for finour final submission	gnatures are required). al approval.						

Advisor or Department Head