



EUGENE APPLEBAUM
COLLEGE OF PHARMACY
AND HEALTH SCIENCES

Student & Alumni Affairs

PROGRAM/EVENT PROPOSAL

EVENT INFORMATION

Event Name: _____
Organization _____
Hosting Event: _____
Contact Person: _____ Contact email: _____
Faculty Advisor: _____
Date of Event: _____ Time of Event: _____ to _____

INSTRUCTIONS

All events should be reviewed by Office of Student and Alumni Affairs

1. **Fill out event form**
2. **Submit form to Office of Student and Alumni Affairs for review**
3. **Form will be reviewed and when approved, room request will be preapproved**
4. **Room requests must be made on following website <http://www.cphs.wayne.edu> (Room reservation link under "Current Student") after event review**

DESCRIPTION

Description of Event:

Room/Space Needed:

Date Reviewed by Student & Alumni Affairs:

Authorize Signature:

Notes/Comments:

OFFICE OF STUDENT AND ALUMNI AFFAIRS WILL PLACE EVENT ON COLLEGE CALENDAR