



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