

Event \_\_\_\_\_ Preferred Date of Event \_\_\_\_\_

**Instructions for Event Approval Process**

*Potential events may not be promoted until space and resources have been scheduled and an official confirmation has been received. Please check box and complete steps based on group type; submit form to appropriate administrator for approval.*

- Academic Class** Steps 1 thru 2 Faculty Instructor or Department Chair
- Academic College or Department** Steps 1 thru 3 College Dean or Department Chair
- Academic Society, Student Assoc.** Steps 1 and 2 Advisor or Department Chair/Student Support Director
- Activities Program** Steps 1, 2, 4 Student Activities Advisor or Coordinator, Student Activities Director
- Non-Activities, Campus-wide Event** Steps 1 thru 4 Advisor or Coordinator, Department Chair or Director, Student Activities Director

**1: General Information** (To be completed by the individual making the recommendation.)

Requested Event:	Preferred Location:
Target Audience:	Estimated Attendance:
Event Description and Objective:	Resources Needed (e.g. tables, chairs, audio/visual, or tech support):
Name of person responsible for event:	E-mail:
Group (department or area):	Phone:
Submitted by:	Phone: E-mail:
Signature:	Date:

**2: Approval by Advisor or Coordinator**

Justifications /Concerns:

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Advisor or Coordinator Signature:	Date:
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**3: Approval by Departmental Chair or Director** (if required)

Chair or Director Signature:	Date:
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**4: Approval by Student Activities Director** (if required)

This event is approved to proceed with scheduling facilities resources as designated:

Yes     No    Approved for sponsorship by the Student Activities program

Yes     No    Approved for self-sponsorship by the requesting organization

Student Activities Director Signature:	Date:
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Submit completed form to the Scheduling Office (191 Manwaring Center or email to [scheduling@byui.edu](mailto:scheduling@byui.edu)) when requesting facilities. More booking details and review may be needed before confirmation can be provided. (Speaker clearance is considered separately.)

SCHEDULING OFFICE USE ONLY	
Date Received	
EMS #	
Entered by	
Date	
SMC Review Date	