

Student Life Staff

Received: _____

Comments: _____

2023-2024

Student Organization Engagement Activity and/or Community Service Project Submittal Form

Date Submitted: [Click or tap here to enter text.](#)

Project Date(s): [Click or tap here to enter text.](#)

Event: [Click or tap here to enter text.](#)

Project Coordinators (include email addresses, list primary contact first)

[Names/emails](#)

Registered Student Organization

[Name of Organization](#)

Advisor [List the Faculty Member\(s\) that will be attendance at your event for supervision if your service project is involved in patient care activity.](#)

[Click or tap here to enter text.](#)

Date/Time(s) [Event Date and Time](#)

Location [Location](#)

Activity/Plan [List in detail about your event or community services you will be providing. Include cost/expense for your event and how expenses will be paid.](#)

[Click or tap here to enter text.](#)