



PROGRAM REQUEST FORM

Forms are due to the DCL two (2) weeks before program date

RA's Name: _____ **Today's Date:** _____

Program Name: _____

<p>CHARACTER Area (Circle one)</p> <p>(Culture/Diversity) (Health) (Academic/Professional) (Relationships) (Art/music)</p> <p>(Community Service) (Target) (Emotional) (Religious/Spiritual)</p>

Program Description: _____

Date: _____ **Time:** _____ **Location:** _____

Wing(s), floor(s), or hall(s) participating: _____

RA(s) and/or others involved: _____

Each person's role in event (if more than one person): _____

How will you advertise the event: _____

What supplies will be needed: _____

Estimated Cost: \$ _____

(Receipts must be turned into the campus life office within 24 hours after purchase)

Program Approved Program Not Approved

Director's signature: _____ **Date:** _____
