



Nashville State
Community College
Office of Student Life
(S-103, 353-3026)

Activity Approval Form

Semester: _____ Year: _____

Activity: _____ Org/ Dept: _____

Date: _____ Time: _____ Location: _____ Yes, the location is already reserved.

Contact Person: _____ Phone: _____ Email: _____

Purpose of Activity: _____

Number of participants: _____

Est. Cost: _____ Student Life allotted funds 8-Account funds Other: _____

Detailed List of Requested Purchases: _____

Special Request Items: Tables: _____ Chairs: _____ Media Needs: _____

Ice (delivery time): _____ Paper Products: _____

Other: _____

Forms must be submitted **AT LEAST 2** weeks prior to the event. • Submission of form **DOES NOT** guarantee approval or funding. Attach additional information as needed. • Activities including surveys, special events, and off-campus guests must have supporting documentation attached.

_____	_____	_____	_____
Org/Contact Person	Date	Advisor/Dept. Director	Date

_____	_____	Approved:	Yes: _____	No: _____
Director of Special Projects and Student Life	Date			

_____	_____	Approved:	Yes: _____	No: _____
Dean of Student Services	Date			