**Organization Week Activities Proposal Form**

(Must be completed and submitted by organization advisor with ALL requisition forms attached no later than 30 days before the beginning of requested week.)

Academic Semester & Year Date Submitted

Name of Organization

Approved Dates of Week

**1. Contact Information**

Primary Contact Person

Contact Person Email Phone #

Secondary Contact Person

Contact Person Email Phone #

**2. Details of Proposed Activities** *(Note: At least one activity during week must be educational in nature.)*

*Sunday*

Activity Name

Date Location

Description and Benefit

*Monday*

Activity Name

Date Location

Description and Benefit

*Tuesday*

Activity Name

Date Location

Description and Benefit

*Wednesday*

Activity Name

Date Location

Description and Benefit

*Thursday*

Activity Name

Date Location

Description and Benefit

*Friday*

Activity Name

Date Location

Description and Benefit

*Saturday*

Activity Name

Date Location

Description and Benefit

Print President’s Name Print TSU Advisor’s Name

President’s Signature Date TSU Advisor’s Signature Date

NOTE:Return to Student Activities – FPCC Room 217, P.O. Box 9548, or by PDF to tsustudentactivities@tnstate.edu.

 **For Office Use Only**

Date Received:

☐ Event Description (with Learning Outcomes)

☐ Event Approved

☐ Event Approval Pending (Reason: )

☐ Event Denied (Reason: )

Coordinator of Registered Student Organizations Director of Student Activities

Coordinator’s Signature Date Director’s Signature Date