REQUEST FOR USE OF CAMPUS SPACE

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

THIS FORM MUST BE SUBMITTED IN SUFFICIENT TIME SO THAT ALL REQUIRED APPROVALS MAY BE RECEIVED AT LEAST TEN DAYS BEFORE THE DAY OF THE SCHEDULED EVENT. ADDITIONAL TIME MAY BE REQUIRED FOR EXTRAORDINARY EVENTS.

EVENT SUBJECT TO CANCELATION OR CHANGE DUE TO UNIVERSITY AND STATE OF ILLINOIS COVID-19 AND RESTORE ILLINOIS POLICIES.

Event Contact Informa	ation	
Name:		
	Email Address:	
Organization Name:	:	
-	Is this request for an off-campus organization? OYes ONo	
Event Details		
Event Title:		
	Starting Time: Ending Time:	
Expected Attendance	ce:	
Description of Event:		
Campus Area Requeste	ed (please be specific):	
For Student Groups Please sub Student Se	s or Student Related Activities: omit to: Vice Chancellor for Student Affairs ervices Building, Suite 488, Mail Code 4308 ab@siu.edu	
Please sub Anthony Ha	ty or External Groups: omit to: Vice Chancellor for Administration and Finance all Room 214, Mail Code 4315 f@siu.edu	
Woody Hal	lumni Plaza: omit to: SIU Alumni Association Il Room 298, Mail Code 6809 niem@alumni.siu.edu	
Office Approval:	Approval Date:	