

Department Event Approval Form

Individuals needing ADA accommodations contact (985) 448-4783 or visit www.nicholls.edu/ada

** Submit to the Reservations Office in Student Life **			New Request Revised Request	
Department Name:	Contact Person:			
	Email:			
ame of Event: Estimated Attendance: * Date Preference: 2nd Date Preference:				
Event Start Time: Event End Time:	Set-up Time:	Clean-up Time:		
Event Participants: (check all that apply) 🖵 General Pu	ıblic 🗆 Entire Campus 🗅 Faculty/Staff Only 📮 Student	s Only		
□ By :	Invitation Only	Only		
Oo you want this event listed on the university master of	calendar (nicholls.edu/calendar)?			
ndicate Event Location: 🖵 On-Campus - Building/Room: (1st Cl	Choice)(2 nd Choice)		
Off-Campus - Name of Venue:				
Type of Event : ☐ Meeting/Lecture ☐ Banquet/Awards C	Ceremony 🗖 Reception 🗖 Fundraiser 💢 Other			
ndicate Set-up: Theater/Classroom Sq	quare U-Shape Workshop	Banquet Round	Banquet Long	
Please list set-up and audio visual needs:				
Will food and/or beverage be served? ☐ No ☐ Yes**	•			
	1) events open to the public and 2) events paid for with			
Please provide a brief description of food/beverage plan	nned for the event:			
Event Description (include purpose of event and how it	t furthers the university mission):			
How will the expenses be covered for this event?				
Will there be ticket sales? ☐ No ☐ Yes, \$				
Contact information for purchasing tickets:		-		
How will funds be used?				

APPROVAL PROCESS

After chain of command approvals are obtained, submit this form to the Reservations Office at least two weeks prior to the event date. The Reservations Office will continue the routing process (including the Calendar Review Board). Once all approvals are obtained, you will receive an email stating that the event is "CONFIRMED." You may begin advertising once the event is CONFIRMED.

Department Head	Date	Dean	Date