



Extracurricular Activity Request Form*

1. Name of Student or Student Group Intending to Participate:

Organization

2. Contact Information:

3. Describe in detail the planned nature and scope of the proposed activity.

4. Group or organization to be served?

5. Who is Sponsoring this Activity?

6. Faculty Advisor for the Touro Student Group?

7. Where will the event be held?

8. Are you planning to serve alcohol?

9. Date(s) and Time(s) of the activity?

10. If Clinical in nature, who will be the Clinical Supervisor(s)?

*** This form and all paper work must be completed and returned to Student Service at least two (2) week prior to the event date.**

For Student Services use only:

Approved

Not Approved

Irene D. Favreau, Director of Student Activities

Date

Copies to:

Program

Facilities

External Relations

TUFS

Master Calendar

Rabbi

IT