

Jackson College Student Organization Event Proposal



Student Organization Name:	
Date Submitted:	
Submitter Name:	
Submitter Email Address:	
Program Title:	
Program Date:	
Program Time:	
Location to be Reserved:	
Student Life funds required: (If funds are required, please attach itemized budget)	
Program Description:	
Program Goal:	
Facility Needs <i>(e.g. furniture)</i>	
IT Needs: <i>(e.g. projector)</i>	
Food/Refreshments:	
Advertisement: <i>(e.g. video, poster. Please attach)</i>	

Signature: _____ Date: _____

Please submit your request to WilsonTaurean@jccmi.edu.

Subject line: Student Org Event Proposal

Your request will be reviewed at the next Student Government Executive Council meeting.

You will be notified 2 business days after the meeting.