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| **Student Event Request Form**  |
|
| **Date:**  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Faculty:** |  | **Date of the Event:** |
|  |  |  |  |  |  |  |  |  |  |
| **Event Description:** |
|  |  |  |  |  |  |  |  |  |  |
| **Association / Society:** |
|  |  |  |  |  |  |  |  |  |  |
| **Applicant / Student's Name:** |
| **Mob. No** |  |  | **Mob. No** |
| (Two student contact numbers to be provided) |  |  |  |  |  |
| **Approval**  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Senior Treasurer:**  |
| **Date**  |  |  | **Signature**  |
|  |  |  |  |  |  |  |  |  |  |
| **Permanent Student Counsellor:**  |
| **Date**  |  |  | **Signature**  |
|  |  |  |  |  |  |  |  |  |  |
| **Dean of the Faculty:**  |
| **Date**  |  |  | **Signature**  |
|  |  |  |  |  |  |  |  |  |  |
| **Senior Student Counsellor:**  |
| **Date**  |  |  | **Signature**  |
|  |  |  |  |  |  |  |  |  |  |
| **Registrar UOC:**  |
| **Date**  |  |  | **Signature**  |
|  |  |  |  |  |  |  |  |  |  |
| **Vice-Chansellor UOC:**  |
| **Date**  |  |  | **Signature**  |