|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | |