

University Approved Activities Form (UAAF)

Name of Faculty/Staff (Sponsor) _____

Position _____ Department _____

Description of the Event _____

Date(s) and Time of the Event _____

Location of the Event _____

Event Start Time _____ Event End Time _____

Departure and Return Time _____

Dates Classes Will Be Missed _____

Have You Sought Similar Approval This Semester? Yes No

If yes, state the date(s) _____

Describe How the Event is Fulfilling the Mission of the University

Number of Students Participating _____ (attach list of names)

APPROVAL

Athletic Director (approval for athletic competitions only)

_____ Date _____

Dean, College of Business, Information Systems & Human Services

_____ Date _____

Dean, College of Natural, Behavioral & Health Sciences

_____ Date _____

Dean, College of Liberal Arts & Education

_____ Date _____