

## STUDENT EVENT APPROVAL REQUEST

Name of event:

Type of event (check all that apply)

Lecture

Play

Dance performance

Musical

Concert

Movie screening

Conference

Filming in the theater

Opening/closing ceremony

Other (please explain)

Event description:

Event date:

Starting time:

Ending time:

Person in charge of the event (first & last name):

Organization sponsoring the event (student clubs, office etc.):

How many people are expected to attend the event?

Please describe in detail the health and safety protocol in place to ensure minimizing the potential health risks in regard to the COVID-19 pandemic (please use an additional page if necessary):

Signature:

Date:

Approved by:

Ventsislav Daskalov, M.D.

Lydia Krise

David R. Evans, Ph.D.

Health Center Director

Dean of Students

Interim President