Event Proposal

Requestor Information

Name of Requestor: _____ Email: _____

Coyote ID (if applicable): _____ Do you work in ASI: ☐ Yes ☐ No

Program Information

Event Name: _____ Date(s): _____

Time(s): _____ Location(s): _____

Campus Partners: _____

Off-Campus Partners: _____

Brief Event Description:

Student Learning Outcome 1: _____

Student Learning Outcome 2: _____

Please select which category your event falls under (select just one):

- ☐ Social Support & Making Connections
- ☐ Academic Success
- ☐ Generalized Life Skills
- ☐ Volunteering/Outreach/Community Service
- ☐ Campus Enrichment
- ☐ Professional & Career Development
- ☐ Health & Wellness
- ☐ Diversity & Global Learning

Target Audience (e.g. specific student group if applicable): _____

Estimated attendance: _____ Estimated Budget: _____

*Please provide details of your estimated budget using the **Event Budget Form**, and attach it by **CLICKING HERE**.*

How do you plan to market your event? (include physical and digital platforms)

Reviewed by:

_____
Senior Program Coordinator

Approved by:

_____
Associate Director or Designee