

## ACTIVITY REQUEST FORM

**DESCRIPTION OF THE ACTIVITY****PURPOSE OF THE ACTIVITY****ORGANIZING CLUB / INDIVIDUAL****DATE OF THE ACTIVITY****CONTACT PERSON****EXTENSION NO****MOBILE PHONE NO****E-MAIL ADDRESS****SABANCI UNIVERSITY UNIT WHICH SPONSORS THE ACTIVITY (Please tick the appropriate)****Student Resources** \_\_\_\_\_*(For applications by Clubs)***C.I.A.D.** \_\_\_\_\_*(For applications by Individuals)***TOTAL BUDGET OF THE ACTIVITY (TL)****AMOUNT SPONSORED BY  
SABANCI UNIVERSITY UNIT (TL)****INFORMATION REGARDING EXTERNAL SPONSORS (If any)***(Name & Phone no. of Person/Organisation)***SPECIAL MEMO OF THE REQUESTER****REQUIRED APPROVALS:****CLUB ADVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_*(For applications by Clubs)***UNIT HEAD SPONSORING THE ACTIVITY** \_\_\_\_\_ **DATE** \_\_\_\_\_**CHAIRMAN OF  
STUDENT ACTIVITIES COMMITTEE** \_\_\_\_\_ **DATE** \_\_\_\_\_*(For applications, which requires approval of the Committee)*