



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

(For applications by Clubs)

DATE _____

UNIT HEAD SPONSORING THE ACTIVITY _____

DATE _____

CHAIRMAN OF

STUDENT ACTIVITIES COMMITTEE

(For applications, which requires approval of the Committee)

DATE _____