



Campus Partner Fund Request Form

Please complete this form at least 10 business days in advance of purchase. If Agreement for Services is required you must allow 4 weeks in advance.

| | | | |
|--|----|------------------------|----|
| Name | | Department | |
| Email | | Phone Number | |
| Amount Requested | \$ | Total Costs | \$ |
| Program Title | | | |
| Program Date | | Program Time | |
| Targeted Audience | | | |
| # Anticipated Attendance | | # of Students | |
| Program Description | | | |
| Benefit to students | | | |
| Learning Outcomes | | | |
| Additional Information | | | |
| Please describe in detail how the funds requested would be utilized | | | |
| Approved By: | | Request Denied: | |
| | | | |
| Amount Approved | \$ | Amount Denied | \$ |