

LIM College
Student Organizations Program Proposal Form
The Office of Student Life

Facilitator #1: _____	Facilitator #2: _____
Title: _____	Title: _____
E-Mail Address: _____	E-Mail Address: _____
Club: _____	Date: _____

PROGRAM INFORMATION

Program Title: _____ Date: _____

Briefly describe the program: _____

Programs should elaborate upon, but are not limited to the following categories listed below. Please check off the categories that mostly relate to your program:

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Recreational | <input type="checkbox"/> Wellness | <input type="checkbox"/> Recognition |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Cultural Diversity | <input type="checkbox"/> Social |

Will any LIM College staff or faculty be present at this event? Yes No Name? _____

Will there be a guest speaker at this event? Yes No Name? _____

EQUIPMENT REQUEST (Check all that apply)

- Computer TV/VCR CD player Projector Chalkboard Microphone

Other: _____

Does your program contain potentially offensive material?

Yes No If yes, please describe the nature of the material: _____

For Student Life Use Only:

<p>Received by: _____ Date Reviewed: _____</p>	<p>Comments:</p>
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