



EVENT AMENDMENT FORM

DATE SUBMITTED: _____

GROUP NAME: _____

CONTACT PERSON: _____

NAME OF EVENT _____

AMENDED EVENT LOCATION: _____

AMENDED EVENT DAY: _____ DATE: _____

AMENDED EVENT TIME: _____

Has the room been reserved through Administrative Services? Yes No If yes, please indicate name/number of room reserved _____ Would you like this event posted on the school events calendar? Yes No

OTHER AMENDMENT(S) TO EVENT: _____

If scheduling conflict exists, Assistant Dean for Student Affairs will review and approval is required.

FOR OFFICE USE ONLY

APPROVED _____

Andrea Irizarry Brown, Academic and Student Affairs Coordinator Date

APPROVED _____

Susan Feather, Assistant Dean for Student Affairs Date