



External Client Sponsorship Request Form

This form must be submitted to UCEN prior to the event date. Securing a sponsor does not guarantee that the request will be approved by UCEN. The UCEN External Client Committee will respond to all requests within 5 working days after receipt.

External Client Contact Information:

Name: _____

Phone Number: _____

Organization: _____

Email Address: _____

Sponsor Contact Information:

Name: _____

Phone Number: _____

Organization: _____

Email Address: _____

Role/Title: _____

Account Number: _____

Event Information:

Event Name: _____

Date: _____ Start Time: _____ End Time: _____

Please give a detailed description of the event, including an explanation of the direct benefit to the University. You may attach additional pages to this form if necessary.

Proposed Location: _____

Would you like to prioritize who may attend the event?

Yes

No

Please select all that apply:

Food/Beverages will be served

Donations accepted at event

Media/Press Involved

Tickets to be sold

Merchandise to be sold

Will minors attend the event?

I understand that additional information may be needed, and that this request may not be approved by the UCEN External Client Review Committee.

I affirm that my recognized student organization or University department approves this request. I understand that my sponsorship requires that my student organization or department be in attendance at the event. Additionally, I understand that any unpaid costs associated with this event will become the responsibility of my student organization or department.

Signature of Requestor

Date

Signature of Sponsoring Student Organization
or University Department

Date

Decision:

UCEN External Client Review Committee: Approved Denied _____
Signature Date

University Center & Special Events Director: Approved Denied _____
Signature Date

Vice President for Student Affairs: Approved Denied _____
Signature Date