



OC (ACADEMIC/EXTRACURRICULAR) EVENTS CHECKLIST FORM

Requesting Unit	
Event Title	
Location	
Event Date & Time	
Narrative/Description	
Explain how this event aligns with the 10th anniversary theme	

SERVICES REQUESTED		RESPONSIBLE UNITS SIGNATURE
Location/Venue (Campus Service)	<input type="checkbox"/>	
Equipment/Furniture (Campus Service)	<input type="checkbox"/>	
Audience/Invitations (Public Relations, Institutional Marketing)	<input type="checkbox"/>	
TECH (IT)	<input type="checkbox"/>	
OC Coverage/Services (OC Request form)	<input type="checkbox"/>	
Volunteers (Students Affairs, Students Government)	<input type="checkbox"/>	
Budget/Financial Resources (Finance)	<input type="checkbox"/>	
Catering/Transportation/Accommodation (Procurement)	<input type="checkbox"/>	
Marketing/Sponsorship to AUK (Advancement)	<input type="checkbox"/>	
Security/Reception	<input type="checkbox"/>	
Feedback/Survey/Assessment (OIEP)	<input type="checkbox"/>	

APPROVALS				
Requester	Supervisor	Communications Office	Event Review Committee	President
Date	Date	Date	Date	Date
Signature	Signature	Signature	Signature	Signature