

Activity Request Form

Beirut Campus Byblos Campus

Club Name : Date:

Description of the activity requested:
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.....

Promotional plan:
.....
.....

Material needed:
.....
.....

Estimated cost:
.....
.....

Speakers/Guests:
.....
.....

President's name:

Advisor's name:

President's signature:

Advisor's signature:

Evaluation report will be submitted within: one week two weeks

Council's recommendations & comments
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.....

Chairperson's Signature: Date: