



**Western Iowa Tech
Community College**

Student Activity Funding Proposal

Activity Information

Title:

Date:

Start Time:

End Time:

Department:

Location:

Department Representative:

Email:

Public Contact

Describe the Activity

Briefly describe what the activity is and how it will benefit the students on campus.

List sales price for any item(s) requested.

Director of Student Activities Action

Approved as proposed

Approved with amendment(s)

Rejected

Date _____ Signature of Director of Student Activities _____

List Amendments or explanation of rejection
