



RSO Programming and Funding Information Sheet

Please submit information for RSO programming (include organizational, weekly, recruitment meetings) and funding at least seven days in advance of the program.

RSO: _____

Contact Name: _____

Contact Phone: _____ **Contact Email:** _____

Program Title: _____

Program Date: _____ **Funds Requested:** _____

Other RSOs Participants: _____

RSO Advisor Informed: **Yes** **No**

U-Card Approved*: **Yes** **No**

Program Description:

* If yes selected, event will be available to campus-wide community.

Career Services Use Only

Signature: _____

Date: _____