

Today's Date: \_\_\_\_\_

**Nova Southeastern University Health Professions Division**  
**STUDENT ACTIVITIES REQUEST FORM**

1. Please complete on form for each activity at least 10 days prior to the requested event date.
2. Obtain the appropriate Student Service's Representative signature in the space below your signature space.
3. Submit a copy of the completed form to your College's Student Services' Department.
4. Retain a copy of this completed form and have it available during the activity.
5. Return this form to the Office of Academic Support, 5<sup>th</sup> floor, Terry Building, Room 1511, or fax to: (954) 262-3887

Sponsoring Student Organization: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Type of Activity (Lecture, meeting, dinner, fund-raiser, etc): \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time: \_\_\_\_\_ (to) \_\_\_\_\_

Room Preference: \_\_\_\_\_ # of Attendees Expected: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-Mail: \_\_\_\_\_

Indicate Services Needed:

vcrequest@nova.edu  
email: avhpd@nova.edu  
(Follow up ext. 1248)

- Audio Visual Equipment:     No     Yes    What? \_\_\_\_\_
- Special Room set up:         No     Yes    How? \_\_\_\_\_
- Is there food at this event?  No     Yes    Need Housekeeping \_\_\_\_\_

**NO FOOD OR DRINKS ARE ALLOWED IN THE AUDITORIUMS**

I have read and signed the "Terms of Agreement" (on back) and the above description of activities is, to the best of my knowledge, what will occur at this function. Please obtain the following signatures:

\_\_\_\_\_  
*Student Representative/Contact Person*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*College's Student Services Director/Representative*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Greissy Brito, M.B.A., Account Manager, Fundraising Events*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*April Mitchison, M.B.A., Manager, Events & Academic Support Systems*

\_\_\_\_\_  
Date

**Location Assignment and Confirmation**

- Activity Approved                       Not Approved
- Location/Facilities Not Available

Room Assigned: \_\_\_\_\_ HPD  
Confirmed By: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_

Date: \_\_\_\_\_

---

---

# STUDENT ACTIVITIES TERMS OF AGREEMENT

---

---

Please sign and submit the following to your Student Services' Director  
Along with your completed "Student Activities Request Form". (See reverse side)

---

I understand that it is required that the "Student Activities Request Form" is to be completed and signed by each of the appropriate administrators (see reverse side), at least two weeks prior to the date of the activity, in order to conduct the activity and reserve facilities and special services. These requirements must be met prior to posting announcements. I understand that if these requirements are not met, the activity cannot be held, and facilities and special services will not be available.

I will submit to each of the appropriate administrator any changes to the information on the "Student Activities Request Form". Changes must be submitted in writing, and authorized by each administrator at least five working days prior the date of the function.

If this activity is canceled, or if the facilities, equipment and/or services are no longer required, I will submit notice of cancellation, at least three working days prior to the date of the scheduled function. I understand cancellation must be in writing through the office of Academic Support, HPD Executive Office room 1511.

If catering is required, I will make arrangements with the NSU-affiliated NSU Catering. I understand they hold exclusive contractual right to serving food and beverages at the HPD complex. Their phone number is (954) 262-5302.

I will contact and/or follow-up with other appropriate departments to expedite my request for room set-up, equipment and special services.

I will communicate to the attendees that food and beverages are not allowed in HPD lecture auditoriums.

I understand this student activity will be attended by the Faculty Advisor.

I will inform the attendees that they must park in the Health Professions Division garage or adjacent lot, and will help assure that this regulation be enforced.

I understand that no alcoholic beverages are permitted at the HPD complex, and I will help assure that this regulation be enforced.

I understand that non-HPD functions and for off-campus functions, the laws of the State of Florida regarding the serving and consumption of alcohol must be strictly adhered to. Service of any alcohol to minor, or to persons who are intoxicated, can result in liability to the server, and organization. I will help assure that this law be enforced.

I understand the "NSU-HPD Statement of Conduct". I understand that this statement must be printed on all advertisements and announcements regarding the activity, and it will be posted at the activity.

(Copies of this Statement are located in the Dept. of Academic Support, Room #1511-5<sup>th</sup> floor, Terry Administration Bldg)

### **NSU-HPD Statement of Conduct:**

**Students are adults and are responsible for their own behavior. [Name of the Student Organization] is not an agent of Nova Southeastern University, and as a result, this organization and its members will be responsible to make sure there is no misconduct at this event. This organization, its members and its guests may not be covered by the University's liability insurance, and the University will not represent this organization, its member or guests if sued for conduct resulting in injury.**

The activities of this function must be in compliance with the policies, rules and regulations of Nova Southeastern University. I will communicate this information to the attendees and help assure that attendees comply with same.

**I have read, understand, and will comply with the above terms.**

---

Signature of Organization's Students Representative/Contact Person

---

Date