

MISSISSIPPI VALLEY STATE UNIVERSITY  
OFFICE OF STUDENT LEADERSHIP & ENGAGEMENT

**NOTICE OF CHANGE/CANCELLATION/ADDITION(S) FORM**

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Room: \_\_\_\_\_

Name of Organization/Department/Group: \_\_\_\_\_

Person Submitting Form: \_\_\_\_\_ Date: \_\_\_\_\_

Campus/Local Address: \_\_\_\_\_ Contact # \_\_\_\_\_



CANCELLATION



CHANGE OF EVENT



ADDITION(S)

**REQUESTED CANCELLATION/CHANGE/ADDITION(S)**

	SCHEDULED AS	CHANGE TO
DATE(S)	_____	_____
FACILITY	_____	_____
ROOM(S)	_____	_____
TIME	_____	_____
EQUIPMENT	_____	_____
OTHER	_____	_____

REASON FOR REQUEST: \_\_\_\_\_

***THE FOLLOWING SIGNATURES DENOTE APPROVAL OF THIS REQUESTED CHANGE***

1. _____ Person Requesting Change Date	5. _____ Director of University Police Date
2. _____ Advisor to Organization Date	6. _____ Vice President for Student Affairs Date
3. _____ Manager of Facility (Old & New if Necessary) Date	7. _____ Vice President for Business & Finance Date
4. _____ Director of Student Leadership & Engagement Date	8. _____ Director of Facilities Management Date

***Return original form to Jacob Aron Student Center, Room 105, with all necessary signatures.***