ADDITIONAL RESOURCES REQUEST FORM - STUDENT ORGANIZATION

Event Organizer/Applicant Name			
Student Group			
Home Department			
Daytime Telephone	Email		
Event Name			
Event Day/Date*			
Event actual begin/end time			
Event type (conference, social gathering, etc.)			
☐ Speaker (Name and Org):			
Resources Requesting: Funding Amount Request: Total Budget: Additional Marketing/Publicity support Please describe:	Partners/Others invited for sure (Funding will only be considered for to other sources): External GSA (mandated) Other-UCLA: 1.	Into	ernal Public Policy Social Welfare Urban Planning
□ SWAG/Giveaways Quantity/Recipients □ Other:	2. Community partner(s): 1. 2. Total Requested from other sou	urces:	Center(s): D3 (Diversity Initiative) Dean's Office
Justification (Description of the project and its importa	nce to the educational experience of	the stu	dents.):