



# COMSATS University Islamabad Islamabad Campus

No. CUI/SA/Soc/Event-Form/FA23/

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

## Campus Event Approval Form

Name of Head/Incharge: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_ Focal Person: \_\_\_\_\_ Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Society: \_\_\_\_\_

### Event Information

Event Title: \_\_\_\_\_

Venue(s): \_\_\_\_\_ Tentative Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

Nature of associated outdoor activity(ies) if any: \_\_\_\_\_

Target Audience: \_\_\_\_\_ Expected no. of Participants: \_\_\_\_\_

Source(s) of Funds: \_\_\_\_\_

\*incase of Sponsor, please attach profile.

List of support services required from Campus: \_\_\_\_\_

Measurable Objectives of the proposed activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Head / Incharge of Department

Signed Remarks by Convener (CAEMC)	Signed Remarks by Incharge Security (CUI)

Approved / Not Approved by: \_\_\_\_\_

Incharge Campus

**Note: A complete proposal/program and execution plan of the event shall be attached along with a form.**

**For compliance Cc to:-**  
1. Incharge Security.  
2. Concerned Venue