

**ANGELO STATE UNIVERSITY
REQUEST FOR FACILITIES FEE WAIVER
SUBMITTED BY UNIVERSITY DEPARTMENT FOR OUTSIDE GROUP**

ORGANIZATION:
CONTACT PERSON:
ADDRESS:
PROGRAM OR ACTIVITY:
FACILITY DESIRED:
DATE OF PROGRAM:
TIME OF PROGRAM:
NUMBER OF PARTICIPATING:
WAIVER REQUEST – DEPARTMENT
I request a waiver of the facilities fee with the understanding that my department must commit both labor and supervision for the event.
DATE: _____ Department Head
WAIVER RECOMMENDATION – DEAN
I recommend approval of waiver of the facilities fee under the conditions specified above.
DATE: _____ Dean
WAIVER APPROVAL – VICE PRESIDENT
I approve the waiver of the facilities fee under the conditions specified above.
DATE: _____ Vice President
RESERVATION CONFIRMATION – SPECIAL EVENTS FACILITIES/SERVICES
This is to confirm that the facility, date, and time listed above have been reserved in the name of the above mentioned organization.
DATE: _____ Executive Director for Business Services
CHARGE: \$ _____ (if appropriate)
COMPLETED FORM WITH ALL SIGNATURES MUST BE DELIVERED TO THE EXECUTIVE DIRECTOR FOR BUSINESS SERVICES FOR FINAL APPROVAL