

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

|                             |                              |
|-----------------------------|------------------------------|
| <b>ORGANIZATION:</b>        | <b>CONTACT PERSON:</b>       |
| <b>ADDRESS:</b>             |                              |
| <b>PROGRAM OR ACTIVITY:</b> |                              |
| <b>FACILITY DESIRED:</b>    | <b>NUMBER PARTICIPATING:</b> |
| <b>DATE OF PROGRAM:</b>     | <b>TIME OF PROGRAM:</b>      |

**Benefit to ASU and ASU students of hosting this event at ASU (you can flip page for extra space):**

**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

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**WAIVER RECOMMENDATION – DEAN**

I recommend approval of waiver of the facilities fee under the conditions specified above.

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Dean

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**WAIVER APPROVAL – VICE PRESIDENT**

I approve the waiver of the facilities fee under the conditions specified above.

DATE: \_\_\_\_\_  
\_\_\_\_\_  
Vice President

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**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: \_\_\_\_\_  
\_\_\_\_\_  
Director of Business Services

CHARGE: \$ \_\_\_\_\_  
(if appropriate)

**\*\*COMPLETED FORM WITH ALL SIGNATURES MUST BE DELIVERED TO THE  
DIRECTOR OF BUSINESS SERVICES FOR FINAL APPROVAL\*\***