

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

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

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

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

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