

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

ORGANIZATION:	CONTACT PERSON:
ADDRESS:	
PROGRAM OR ACTIVITY:	
FACILITY DESIRED:	NUMBER PARTICIPATING:
DATE OF PROGRAM:	TIME OF PROGRAM:

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

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****