

For Office Use Only

Hearing Date: _____ Request Submitted By: _____

Representative who will present the request: _____

Amount Reallocated: _____ Amount Approved: _____

SGA _____ / Special Request Committee _____ Decision: Approved Approved with changes:

Denied

Vote Results: Yea: _____ Nay: _____ Abstained: _____

If denied, please state reason:

Student Votes and Signatures: (Yea, Nay, Abstain)

SGA Student Representative Signature: _____ Vote: _____ Date: _____

SGA Student Representative Signature: _____ Vote: _____ Date: _____

SGA Student Representative Signature: _____ Vote: _____ Date: _____

SGA Student Representative Signature: _____ Vote: _____ Date: _____

Student Representative Signature: _____ Vote: _____ Date: _____

Student Representative Signature: _____ Vote: _____ Date: _____

Student Representative Signature: _____ Vote: _____ Date: _____

Student Representative Signature: _____ Vote: _____ Date: _____

Administrative Signatures:

SGA President/ Chair: _____ Date: _____

SGA Treasurer/ Designee: _____ Date: _____

Director of Student Life: _____ Date: _____

Special Request Dean/ Campus Dean: _____ Date: _____

****Vice-President of Student Affairs:** _____ **Date:** _____

Comments and Discussion:
