Dear Programmer,

Thank you for your interest in submitting a student activity proposal! The Division of Student Affairs encourages all students, clubs, and organizations to partake in creating events that embody CDU values and mission. We look forward to partnering with each of you to create a stronger student life experience.

Below are some simple instructions to guide you through the process. Please be sure to submit the completed Student Activity Proposal Form via email to studentaffairs@cdrewu.edu.

1. Complete all sections of the Charles R. Drew University Student Activity Proposal Form;

2. Submit the completed document to the Department of Student Affairs at least three (3) weeks prior to the event. You may be required to meet with the department of student services to submit additional information or meet with the department staff before this event is approved.

3. Completed forms must include your club/organization faculty advisor signature;

4. While Student Affairs staff work to support the success of student organizations on the CDU campus, proposed activities that occur outside regular operating hours for campus staff and faculty, or activities that would require support, funding or coordination outside what is ordinarily provided, may not be approved.

If you have any additional questions or concerns, please contact the Department of Student Affairs via email at studentaffairs@cdrewu.edu or via phone at 323.563.3343.

Best of luck with your student activity proposal and we look forward to hearing from you.

Sincerely,

Division of Student Affairs

Dr. Jinny Oh  
Dean of Student Affairs  
JinnyOh@cdrewu.edu

Rakeidra Davis-Hudson  
Retention/Student Success Coordinator  
RakeidraDavisHudson@cdrewu.edu
Dear Programmer,

Below is a list of contacts which should assist you with the process of collecting signatures in order to submit the Student Activity Proposal Form:

**Health Sciences Library**

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Darlene Parker-Kelly</td>
<td>(323) 563-9340</td>
<td><a href="mailto:DarleneParkerkelly@cdrewu.edu">DarleneParkerkelly@cdrewu.edu</a></td>
</tr>
<tr>
<td>Location</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>COBB Building</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*A signature would be required from the Health Sciences Library if you will need Audio/Visual Equipment or computers for the proposed event/activity. The equipment would be reserved for same day usage pending approval from the library.*

**Office of Strategic Advancement**

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tonya King</td>
<td>(323) 357-3678</td>
<td><a href="mailto:tonyaking@cdrewu.edu">tonyaking@cdrewu.edu</a></td>
</tr>
<tr>
<td>Location</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>COBB 286</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*A signature would be required from the Office of Strategic Advancement.*

**Office of Risk Management**

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Armando Estrada</td>
<td>(323) 357-3404</td>
<td><a href="mailto:Armandoestrada@cdrewu.edu">Armandoestrada@cdrewu.edu</a></td>
</tr>
<tr>
<td>Location</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>COBB 298</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*All events/activities require signature from the Office of Risk Management. Event may require permits, security, insurance, etc.*

**Department of Student Affairs**

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jinny Oh</td>
<td>(323) 563-4922</td>
<td><a href="mailto:JinnyOh@cdrewu.edu">JinnyOh@cdrewu.edu</a></td>
</tr>
<tr>
<td>Location</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>COBB 103</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*A signature is required if students would like to use the Department of Student Affairs CDU Tents. Student Leaders are encouraged to attend the Student Activity Proposal Workshop. All events/activities require signature from the Department of Student Affairs. Completed student activity proposal form must be submitted via email to studentaffairs@cdrewu.edu*
Charles R. Drew University of Medicine and Science  
Division of Student Affairs  
Student Activity Proposal Form

Name of Student Organization (if applicable): ____________________________________________

Person Submitting Proposal: ___________________________ Date: ________________________

Program Person Submitting Form is enrolled in (Circle One): COSH  SON  COM

CDU E-Mail Address: ______________________________________ Phone: __________________

Activity Details:
Date of Activity: _______________ Start Time: ___________ Finish Time: ___________

Is this a recurring activity: _____________ If YES, how often? ______________

Type of Activity:
Select One: Program  Social Activity  Fundraiser  Artist/Lecturer  Service Project  Other

Name of Activity: ____________________________________________

Purpose of Activity:
Provide as much detail as possible.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

This program is open to (circle all that apply): Faculty/Staff  Students  Public

Will you be selling/giving away food? YES*  NO   *If YES, cost per ticket? $____________

Location of Activity/Space Requested:
On-Campus  Campus, Building, Room: __________________________ Are Facilities Reserved? YES NO

Off-Campus  Address (street, city, state): __________________________________________

Signatures (Please refer to the Contact Reference Sheet for Required Signatures):
Club/Organization Faculty Advisor: ______________________ Date: __________________

Library: ______________________ Date: __________________

Office of Risk Management: _______________________ Date: __________________

Office of Strategic Advancement: ______________________ Date: __________________

Department of Student Affairs: _______________________ Date: __________________

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