



Charles R. Drew University of Medicine and Science
Division of Student Affairs
Student Activity Proposal Form Guidelines



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



Charles R. Drew University of Medicine and Science
Division of Student Affairs
Student Activity Proposal Form Contact Reference Sheet



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

Contact Person—Ms. Darlene Parker-Kelly
Location—COBB Building

Phone—(323)563-9340
Email Address—DarleneParkerkelly@cdrewu.edu

**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

Contact Person—Tonya King
Location—COBB 286

Phone— (323) 357-3678
Email Address— tonyaking@cdrewu.edu

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

Office of Risk Management

Contact Person—Mr. Armando Estrada
Location—COBB 298

Phone—(323)357-3404
Email Address—Armandoestrada@cdrewu.edu

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

Department of Student Affairs

Contact Person—Dr. Jinny Oh
Location—COBB 103

Phone—(323)563-4922
Email Address—JinnyOh@cdrewu.edu

**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*



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: _____