SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE BOARD OF GOVERNORS SCP-1735,A

On Campus Solicitation Request Form

		Date
Name of Organization:		
Date(s) of Event:		
(Form must be submitted at leas	t two weeks prior to the even	nt to the Office of Campus Operations.)
Type of Solicitation (What is proposed and how	it will benefit the institut	ion, students, or employees?)
Location of the Event:		
Has this been cleared with the Chief Facilities M ☐ Yes ☐ No	Ianagement Officer or t	he Director of Campus Operations?
Signature	Date	
	D :	
Chief Facilities Management Officer or Director of Campus Operations	Date	
President or President's Designed	Data	☐ Approved ☐ Denied
President or President's Designee	Date	