



INSTRUCTIONAL SUPPORT SERVICES
UNIVERSITY OF MICHIGAN

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College Sponsorship Request Form for LSA Facility Use

Department Name: _____

Event Representative: _____

Event Name: _____

Contact Information (Email/Phone):

Event Date: _____

Room Number: _____

I, _____, would like to request LSA sponsorship and waiver for the room usage fees for the above event.

Please explain below the ways in which this event supports and promotes the College's mission.

On behalf of the event and organization, the event representative agrees to the following:

- Event organizers agree to adhere to all University policies
- Event organizers acknowledge the College and its sponsorship by listing the College of Literature, Science, and the Arts as a sponsor on event materials.

Signature of Sponsor

Signature of Event Representative

Printed Name of Sponsor

Printed Name of Event Representative

Date

Date