Updated: August 2025

Tier I Request Form for Student Organizations

(Email Tier I Event Request Forms directly to CampusEventsOffice@csulb.edu)

Sponsoring Student Organization

Student Life & Development Advisor

Primary Certified Officer

Secondary Certified Officer (optional)

Primary Certified Officer CSULB Student Email Address

Secondary Certified Officer CSULB Student Email Address

Primary Certified Officer Phone

Secondary Certified Officer Phone

EVENT TITLE: _____ **Event Date(s):** _____

Event Start Time:_____ **Event End Time:**_____ **Access Time:**_____ **End Access Time:** _____

*Tier I Event reservation time cannot exceed 4 hours.

For recurring meetings, check the day(s) of the week: ☐M ☐T ☐W ☐Th ☐F ☐S ☐Su

Preferred Location(s) (Note: preferred locations are not guaranteed)**:** _____

Estimated number of participants: _____ **Do you need access to a smart room?** ☐Yes ☐No

Is the primary intended audience the members of your organization? ☐Yes ☐No

(if "No," this is not a Tier I Event. You must meet with your SLD Advisor)

Will you have any on or off campus speakers or guests? ☐No ☐Yes

(if "Yes," this is not a Tier I Event. You must meet with your SLD Advisor)

Do you need additional services and/or equipment rentals? ☐No ☐Yes

(if "Yes," this is not a Tier I Event. You must meet with your SLD Advisor)

Will you be paying any service providers (i.e., Guest Speakers, Photobooth, Photographer, etc.)? ☐No ☐Yes

(if "Yes," this is not a Tier I Event. You must first meet with your SLD Advisor)

Will you be setting up canopies? ☐No ☐Yes

(if "Yes," additional review/approval maybe needed by the Campus Events Office)

Will you be viewing any movies/films? ☐No ☐Yes

(if "Yes," additional review/approval maybe needed by the Campus Events Office and/or your SLD Advisor)

Event Type: ☐General Meeting with No Off- or On-Campus Speakers or Guests ☐Fundraiser Tabling

☐Information Tabling ☐Games ☐Social ☐Study Hall ☐Other/Special Event: _____

FOOD: ☐No ☐If "Yes," provide food information below:

_____

_____

EVENT DESCRIPTION AND OTHER DETAILS: Please provide event description, agenda, diagram, dates/schedule, and additional details as applicable. Attach additional pages as needed:

I agree to work with my SLD Advisor to meet CSULB policies, procedures, regulations, deadlines, and any other applicable requirements for the approval of this event. I understand that violations of campus regulations may result in the loss of privileges or other restrictions at CSULB. I understand that my organization is responsible for fulfilling all financial charges and fees associated with this request. I understand that **this form does not guarantee a reservation** and that requests are honored on a first-come, first-serve basis.

Primary Certified Officer Signature

Date