



COMSATS University Islamabad

Park Road, Chak Shehzad, Islamabad

Department of Management Sciences

EVENT APPROVAL FORM

Proposed Date:

Time:

Proposed Event Location:

Title / Theme of Event:

Objectives of Event *(Be clear about what do you want to achieve from this event):*

Expected Audience:

(Select all options that apply)

Specific Student Group, Please Specify

General Public

Personal Invitation / Through Tickets Only

Others, Please Specify

General Student Population

Faculty / Staff Members

Name and Title of Contributor / Speaker:

Brief Information / CV of the Contributor of Speaker (if external): *(Please use extra sheet if necessary)*

How Budgetary Requirements will be met:

Contact Details of Team Lead

Name:

Registration No.:

Email address:

Phone No.:

Name of Organizing Society:

Name (President):

Approved

Not Approved

Signature (President)

Contact (President):

Name (Advisor):

Signature (Advisor):

**In-charge/ Head
Department of Management Sciences**

In-charge (Campus)