



Office of Student Life

366 Millennium Student Center
One University Boulevard
Saint Louis, Missouri 63121
Phone: 314-516-5291
www.umsl.edu/studentlife

Co-Sponsorship Request Form

(To be completed by organization seeking co-sponsorship)

This form must be filled out by the organization seeking co-sponsorship from another organization, and then given to the organization that the funding is being requested from for review.

Co-sponsorship does not mean you will get the full amount if the program does not require the full sponsorship. Organizations must use their full budgeted amounts before co-sponsorship dollars are applied.

Name of Organization: _____
 Name of Contact: _____
 Phone Number: _____ E-mail: _____
 Event Name: _____
 Date of Event: _____ Estimated Attendance: _____

Is the event on or off campus?	On	Off
Has this event been held in the past?	Yes	No
Were you allocated money for this event?	Yes	No
If yes, what is the budget line item? _____		
Estimated Cost of entire program: _____	Total Amount Requested: _____	

Please give a breakdown of what the money is needed for: _____

Give a detailed description of the event and what the University of Missouri-St. Louis community will gain from the program: _____

President's Signature _____ Date _____

Treasurer's Signature _____ Date _____



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Approval of Co-Sponsorship Form

(To be completed by organization providing co-sponsorship)

This form is filled out by the organization that was asked to co-sponsor if the organization agrees to co-sponsor the event and then turn into the Office of Student Life, 366 MSC, at least 2 weeks prior to the event.

Name of Organization: _____
Organization's President _____
Organization's Treasurer _____

Event Name: _____
Approved for the amount of: \$ _____ Date of Approval: _____

Does the organization have a budget line item for co-sponsorships? Yes No
If not, does the organization have the comptroller's approval to reallocate? Yes No

Additional Information: _____

Treasurer's Signature _____ Date _____