



Delaware State University
SOLICITATION, FUNDRAISING PROJECT/EVENT, OR PROPOSAL
REGISTRATION AND APPROVAL FORM

Thank you for your interest in furthering DSU's mission. Please complete the information at the top of this form, print, and then obtain signatures at the bottom of this form for upload to www.dsu.edu/development/solicitation-guidelines.

Name of Individual Initiating Request: _____

Phone: _____ Email address: _____

Date of Initiative: _____

Title of Project or Event: _____

Location: _____ On Campus (DSU premises) _____ Off Campus

Brief Description of Project or Event:

Obtain signatures on this part of the form and upload with the online Solicitation Request Form.

Category	Signatories	Date
Student Organizations and Projects, Proposals Involving Students	_____ Director of Office of Student Leadership & Organizations	_____ Date
	_____ Vice President for Student Affairs	_____ Date
Alumni Organizations	_____ Alumni Organization Leader	_____ Date
	_____ Assistant Vice President for Alumni Relations	_____ Date
DSU Faculty and Staff	_____ Department Chairperson	_____ Date
	_____ Dean	_____ Date
	_____ Provost	_____ Date
Other Entity	_____ Organization Leader	_____ Date