

Student Life Staff

Received: _____

Comments: _____

UT Southwestern
Medical Center

STUDENT LIFE
@The Bryan Williams, M.D. Student Center

2024-2025

Student Organization Engagement Activity and/or Community Service Project Submittal Form

Date Submitted: Click or tap here to enter text.

Registered Student Organization

Name of Organization

Event Name : Click or tap here to enter text.

Project Coordinators (include email addresses, list primary contact first)

Names/emails

Advisor List the Faculty Member(s) that will be attendance at your event for supervision if your service project is involved in patient care activity.

Click or tap here to enter text.

Date/Time(s) Event Date and Time

Location Location

Event or Activity/Plan: List in detail about your event or community services you will be providing. Include cost/expense for your event and how expenses will be paid.

Click or tap here to enter text.