UNIVERSITY *of* MARYLAND
SCHOOL OF DENTISTRY

Office of Student Affairs
650 West Baltimore Street
Suite 6207
Baltimore, MD 21201
410 706 7462
www.dental.umaryland.edu

STUDENT ACTIVITIES FORM

INSTRUCTIONS:

1) Faculty Advisor's signature required,
2) Completed forms should be uploaded into the UMSOD Event Registration Form

EVENT INFORMATION

Date of Event:

Start and End Time of Event:

Name of Event:

Location (e.g., School name, Organization name):

Event Organizer (e.g., UMSOD Student or Student Group):

Brief Description of Event:

List of Activities to be performed:

Form submitted by (print name):

SIGNATURES

_____   _____
Faculty Advisor Signature   **Date**

_____
Faculty Advisor Print