

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	