



OFFICE OF THE DEAN

260 Chafee Social Science Center, Kingston, RI 02881 USA p: 401.874.4101 f: 401.874.2892 uri.edu/artsci

## Department/Program Event Fund Application Academic Year 2024-2025

Please allow a minimum of 2 weeks for your request to be processed

Requestor Name(s) and Department(s)	questor Name(s) and Department(s):	
Email for primary event leader(s):		
Email for department admin:		
Proposed Event Title:		
Date of event:		
In 120 words or less-please describe your pro	onosed event (include intended audience and projected interest of students):	

Proposed Budget for Event:	
Funding Need	Cost
TOTAL	
101.11	
Other funding sources identified in support of event:	
Funding Source	Amount
TOTAL	
101111	
<b>Total requested amount from Dean's Event Funding</b>	
Signature of primary event leader(s)	Date
Signature of chair or director of primary event leader(s)	Date
Please submit completed application to Rhonda LaPorte and	•
rlaporte@uri.edu pamela_page	wuri.eau
ı will be contacted after your application has been reviewed	l If approved, funding details will be
vided.	If upproven, funning actuals will be
an's Office Approval:	
an's Office Approval:	
an's Office Approval: nount: Date:	