Dead Week Guidelines

In 2001, the Government of the Student Body, the Faculty Senate, President Geoffroy, and the Office of the Provost approved guidelines regarding activities during dead week, the week before finals. The last week of fall and spring undergraduate classes has been designated Dead Week by the Government of the Student Body and Iowa State University. The intent is to provide students with time for review and preparation for final examinations. Therefore, no student organization recognized by the Student Activities Center may hold meetings or sponsor events without the expressed permission of the Director of Student Activities at the Memorial Union.

The complete Dead Week Guidelines and Finals Week Policy can be found at:
http://www.provost.iastate.edu/faculty/handbook/deadweek.html

NOTE: This form must be submitted to the Student Activities Center, 1560 Memorial Union, a minimum of five class days before Dead Week to be considered. Forms submitted after the deadline will be denied from consideration.

~ PLEASE PRINT LEGIBLY ~

SPONSORING GROUP/DEPT ____________________________________________________________

CONTACT PERSON __________________ PHONE __________________ EMAIL __________________

TITLE OF EVENT ________________________________________________________________

EVENT DATE __________________ HOURS OF EVENT __________________ LOCATION ________________

EVENT TYPE (Please check one) □ CONCERT □ FILM/VIDEO □ PERFORMANCE □ REHEARSAL □ CONFERENCE □ LECTURE □ MEETING □ RECEPTION □ OUTREACH □ OTHER __________________

EVENT PURPOSE ________________________________________________________________

Describe in detail student involvement and participation (planning, preparation, participation) ______________

Is attendance mandatory? If so, explain why________________________________________

___________________________________________________________________________________________

Why does the event need to occur during this time period?____________________________________

___________________________________________________________________________________________

*AUTHORIZED REQUESTOR’S SIGNATURE __________________ DATE SUBMITTED ______

PHONE ______________________________________ EMAIL __________________

*ORGANIZATION ADVISER’S SIGNATURE __________________ DATE ______

ADVISER PHONE __________________ ADVISER EMAIL __________________

___________________________________________________________________________________________

Director of Student Activities APPROVAL DATE __________________

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