Registered Student Organizations
Change/Cancellation Request Form

If changes are made to an event, all Registered Student Organizations are required to complete this form for ALL EVENTS per FAU Regulation 4.007. This form must be completed and submitted a minimum of 48 hours (2 business days), prior to the requested event.

CANCELLATION/ NO SHOW POLICY
A “NO SHOW” is equivalent to a cancellation of less than 48 hours (2 business days) or 30 minutes after the event start time

a. First NO SHOW – Receive a written warning
b. Second NO SHOW – Reservation suspension for 14 days
c. Third NO SHOW – Reservation suspension for semester (if semester is less than 15 business days before ending, the suspension will begin the following semester)

You may review the complete Student Union Reservations Policies and Procedures at http://www.fau.edu/studentunion/studentplanning/policy.php

### Organization Information

<table>
<thead>
<tr>
<th>Organization Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Event Name</td>
<td></td>
</tr>
<tr>
<td>Event Date(s)</td>
<td></td>
</tr>
<tr>
<td>Current Room Reservation</td>
<td></td>
</tr>
<tr>
<td>Event Start time</td>
<td>AM or PM (circle)</td>
</tr>
<tr>
<td>Event End time</td>
<td>AM or PM</td>
</tr>
<tr>
<td>Requestor</td>
<td></td>
</tr>
<tr>
<td>Requestors phone number</td>
<td></td>
</tr>
<tr>
<td>Requestors email address</td>
<td></td>
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</tbody>
</table>

### Change(s) Requested

*NOTE: For Location Changes, availability of space must be checked prior to the submission of Change Request*

<table>
<thead>
<tr>
<th>Change/Add Equipment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Date</td>
<td></td>
</tr>
<tr>
<td>New Start time</td>
<td>AM or PM</td>
</tr>
<tr>
<td>New End time</td>
<td>AM or PM</td>
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<tr>
<td>New location</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

### Cancellation of Event(s)

Cancel this Event:  
Reason for cancellation:

**REQUIRED**

| Advisor's Name* |  |
| Advisor's Email* |  |

Advisors Signature* ___________________________ Date __________________

Venue Approval Signature ___________________________ Date __________________

Office Use Only: EMS# _______ _______ _______ _______ _______ Owl Central Event ID: _______ _______ _______ _______ _______ _______