Question 1: Name of Student Senator: ________________________

Question 2: What are you requesting?
   A. Funding (Answer Question 3) □
   B. Resources, like Room Reservations (Answer Question 3) □
   C. IGB addition and/or change of duty (except funding) (Answer Question 4) □
   D. Other _____________________________________________________________ □

Question 3: Only for 2A/B- What are the funding and/or resources being used for?
   A. Nascent initiatives born out of the SAC (created within 1 year) □
   B. Initiatives and events that are currently operated by the SAC □
   C. Reasonable initiatives that enrich the SAC-IGB relationship □
   D. Funding Considerations Over Maximum Allowed Amount for an Existing Club □

Question 4A: Only for 2C- Is this an additional □ or change □ in duties?
Question 4B: Only for 2C- Is this a onetime exception □ or permanent □?

Question 5: Please describe your request in as much detail as possible below. For example, for events, you may want to include the date, time (range), room capacity, tables, chairs, equipment, food types, security, etc. that you might need. For funding requests (except 3D), you must also fill out the funding spreadsheet. Use additional space on the next page if needed.
Question 6: Please describe why your request would be beneficial for the Columbia community and/or the Interschool Governing Board (IGB). Alternatively, please describe why such a request is being made (extenuating circumstances, etc.).

Once completed, please email both this form and/or the excel spreadsheet to igb@columbia.edu. Your request (and amounts granted, if requesting funding) will be given a decision by the next regularly scheduled IGB meeting.

Please note that Requests 2A-B will require a majority approval from the voting delegates of the IGB, and Requests 2C-D will require a 2/3 majority approval from the voting delegates of the IGB.

Only the student senator’s signature is required for Requests 2A-B. For Requests 2C-D, the signature of the SAC representative to IGB or the SAC Leadership team is also required (note that both signatures cannot be the same person).

_____________________________  ______________________________
SAC Senator Signature          School/ University Affiliation

____________________________
Date

--- If required, fill out below:

____________________________
SAC/IGB Liaison or SAC Leadership Name  Signature

____________________________
Date