



CSCO Service Project Approval

CLUB NAME: _____

CONTACT PERSON & PHONE NUMBER: _____

E-MAIL ADDRESS: _____

DATES OF SERVICE PROJECT: _____

PROPOSED PROJECT (Including number of service hours projected to be completed, whom the project will serve and any other relevant information):

Campus Diversity & Organizations VP: _____

CSCO President: _____

*Please note club service projects need to be approved one month in advance to receive funding from ASUSU.