



MEETING REQUIREMENT REQUEST FORM

AMERICAN UNIVERSITY OF HEALTH SCIENCES

This form must be turned into Community Engagement Department at least **five (5) Days prior to the event date for approval**. You will be notified of approval status three (3) days after this official request is submitted.

Today's Date: _____ Date & Time of the Meeting : _____

Your Name: _____ Department: _____

Purpose of the Meeting: _____

Location: _____

Number of Attendees: _____

Please list down the meeting requirements (e.g. food, table set up, special assistance, etc.) on the space provided below.

Requestors Signature: _____ Date: _____

Approved _____ **Not Approved** _____

Pastor Gregory Johnson Signature: _____ Date: _____