

1403 John Mitchell Dr. Greensboro, NC 27411 | Suite 368 | Telephone: (336) 285-2580 | Fax: (336) 334-7131 | Email: uec@ncat.edu

Requests to change the event location or the event type resulting in an entirely new setup or need to request event security, parking lots, or university work orders <u>will not</u> be considered if the event is less than 7 BUSINESS DAYS away. All other change requests must be submitted at least 5 BUSINESS DAYS prior to the event date for consideration. You may find policy details on our website at <u>https://www.ncat.edu/campus-life/student-affairs/departments/student-center/university-event-center/index.php</u>.

Event Reference #:	Event Date (s):
Event Name:	
I am requesting to change the:	
Event Location: From:	
Event Time: From:	
Event Setup Time: From:	_ <i>to</i>
Event Takedown Time: From:	
Expected Headcount: From:	_ to
Event Type: (please explain)	
Event Space Setup: (explain setup update)	
Are you the 25 Live Requestor? YES NO	
If you are not the 25 Live Requestor, what is your affiliation with th	is event?
Your Email:	Your Phone Number:
I, the undersigned, am submitting this change request with the un event changes with the consideration of their available (or unav that the University Event Center has full discretionary power re for the above referenced event; and, do agree to be responsible f changes.	ailable) equipment, staff, and/or campus partner resources; and, garding the approval or denial of any and all requested changes

Your Name (Please Print)

Date

UNIVERSITY EVENT CENTER OFFICE USE ONLY

RECEIVED BY:		DATE:			
PROCESSING					
□ APPROVED	DENIED				
CAMPUS RESOURCES REQUESTED:					
D PARKING	□ SECURITY	□ WORK ORDERS	□ TICKETS	UEC A/V	
□ N/A					
PROCESSED BY: _		DATE:			