



FLORIDA STATE UNIVERSITY
COLLEGE OF ARTS & SCIENCES

FSU Event Calendar Request Form

Submit the completed form to fsu.artsandsciences@gmail.com at least two weeks prior to your scheduled event and include artwork or a photo to accompany the event listing.

Event title: _____

Event description (Who, what, where, when, why, how):

Cost to attend:

Free Tickets required (Ticketing information): _____

Start date (mm/dd/yyyy): _____ End date: _____

Start time (ex. 7 p.m.): _____ End time: _____

Event location: _____ Room number/floor: _____

Event type (check one):

Academic/Registrar Competitions Conferences General

International & multicultural Lecture Presentations Receptions

Other (specify): _____

Department(s) or program(s) involved: _____

Open to (check all that apply):

Students Parents and guests Faculty and staff General public

Contact name: _____

Contact phone: _____ Contact email: _____

Website for your organization or event: _____