

**REQUEST FOR CULTURAL CREDIT EVENT**

For the College of Arts & Sciences and/or The School of Business  
Cultural Attendance Requirement

- 1. **Event Title:** \_\_\_\_\_
- 2. **Description of Event and Student Engagement:** \_\_\_\_\_

- 3. **Faculty/Staff/Student Planning the Event:** \_\_\_\_\_  
**Email:** \_\_\_\_\_@stetson.edu  
**Dept./Club/Org. Planning Event:** \_\_\_\_\_

- 4. **Method of Delivery:**
  - a. **Virtual/Remote** (list platform – Zoom, Canvas, Teams, etc.): \_\_\_\_\_
  - b. **On Campus Face-to-Face** (list location after reservation approval): \_\_\_\_\_

**Virtual Attendance:** Process must be developed to record attendance. List of names with ID must be turned into Registrar Office/Chris Finkle-Library as soon as possible after event.

**On Campus Face-to-Face** must use scanners exclusively. Students without ID will not receive credit. The scanners must be picked up at the DuPont Ball Library on the day of the even where instructions for use will be given. Scanners to be returned to the Library as soon as the event is complete. NOTE: Only one scanner is needed as the process is scan out only.

- 5. **Do attendees of your event need reservations in advance?**  Yes  No  
**If yes, person responsible/contact number:** \_\_\_\_\_ **Email:** \_\_\_\_\_@stetson.edu
- 6. **Has the event been entered in the university calendar system and approved?**  Yes  No

NOTE: The event is only considered for Cultural Credit if the reservation has been added and the approval for On Campus Face-to-Face Method of Delivery in the room/location is approved on the university calendar system prior to handing in this form.

- 7. **Date:** \_\_\_\_\_ **Beginning Time:** \_\_\_\_\_ **Ending Time:** \_\_\_\_\_
- 8. **Faculty Sponsorship:** Cultural Credit events must have a faculty sponsor because these events are used to satisfy a graduation requirement. (Please print name in the following statement).  
*I, \_\_\_\_\_, certify that this cultural event has significant intellectual or cultural value and furthers the educational goals of the academic unit I represent.*

Signature of Faculty Sponsor of the Event	Date	Title/Role	Department/Office
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Deliver form (email is fine) to the appropriate Dean/Coordinator's Office ten school days prior to event for approval.

\*\*\*\*\*Office Use Only\*\*\*\*\*

\_\_\_\_\_ Arts & Sciences \_\_\_\_\_ Business \_\_\_\_\_ Both

Scanners # \_\_\_\_\_ Event Code # \_\_\_\_\_