

COVID-19 Mitigation Phase III Event & Program Planning Form

for use with face-to-face programming & on-campus recruitment events



Section One: Contact Information

Department/Student Organization Name:

Name of Contact Individual:

Telephone Number of Contact Individual:

Email Address of Contact Individual:

Section Two: Event/Program Information

Proposed Event/Program Title:

Proposed Event/Program Date:

Proposed Event/Program Time:

Proposed Event/Program Location:

Estimated Attendance at Event/Program:

In the box below, please provide a brief description of the proposed face-to-face event or program. Include information regarding the target audience, whether or not the event is recurring, etc.

Section Three: COVID-19 Mitigation Plan

1. How will you track attendance/participation at the proposed event or program?

NOTE: registered student organizations need to use the CORQ event pass and Check-in App for student attendance tracking. Contact the Office of Student Leadership and Involvement at 940-397-3033 for information.

2. Describe the health screening processes you plan to incorporate into your proposed event or program. Examples may include a health-screening questionnaire or a contactless thermometer temperature check.

NOTE: MSU Texas recommends use of the MSU safety app or CDC self-checker as self-screening options.

3. How will campus social distancing guidelines be observed and upheld during the proposed event or program? Please describe any efforts to de-densify larger groups or limit direct face-to-face participation. For recruitment events, please include information about group restrictions or limitations on areas visited (e.g. group/tour sizes limited to a specific number, limiting tours to specific facility areas, etc.).

4. What hygiene and sanitization efforts are being incorporated into the proposed event or program? Examples may include the use of face coverings, hand washing or sanitizing, disinfecting equipment or surfaces, etc.

5. Who will be present during the proposed event or program and responsible for ensuring the above mitigation plan is followed? Please include the name and title of the individual(s).

Section Four: Signatures and Approval

I. Submitting Individual

Printed Name	Signature	Date

II. APPROVAL – Department Director/Chair (if MSU Department) or Faculty-Staff Advisor (if Registered Student Organization)

Printed Name	Signature	Date

IIIa. APPROVAL – Vice President, Associate Vice President, or Dean (if MSU Department)

Printed Name	Signature	Date

IIIb. APPROVAL – Office of Student Leadership and Involvement (if Registered Student Organization)

Printed Name	Signature	Date

Section Five: Routing

Please send the completed form with all necessary approval signatures to:

Office of Recreational Sports & Wellness Center
Bruce and Graciella Redwine Student Wellness Center

Phone: 940-397-4466
Email: kelle.lillie@msutexas.edu

FOR OFFICIAL USE ONLY: Date Form Received: _____ Person Receiving Form: _____