

RSS ACTIVITY TITLE

RSS Activity Title: _____

Department and/or Affiliation: _____

Did this RSS take place in 2023-2024?

Yes: What was the 2023-2024 Master CID: _____**No:** This RSS is new for 2025**RSS ACTIVITY COORDINATOR**

Name: _____

Email: _____ Phone: _____

SUBMISSION REQUIREMENTS**Cost center number for the application fee transfer:** _____**By signing below, you agree to:***(Please initial)*

_____ The \$500 application fee

_____ The transfer of funds from the cost center indicated above

Submitted by: _____ Date: _____

ACTIVITY SCHEDULE – Fiscal Year begins July 1, 2024 and ends June 30, 2025

How often does your RSS take place?

Weekly on:

Monday Tuesday Wednesday Thursday Friday

Monthly (i.e., once per month) on the:

First Second Third Fourth Fifth

Monday Tuesday Wednesday Thursday Friday

More than once per month:

Please list all meeting dates.

(If you prefer, the dates/schedule can be pasted into the body of the email OR sent as a separate attachment.)

None of the above:

Please list all meeting dates. *(A minimum of 4 activities per year is required to qualify as an RSS):*

Activity Start Date/Time

What is the date and time of your first meeting

When is your **first** meeting? Start Date:

What time is your meeting? Start: : End: :