

CADRE PROPOSAL FORM

Faculty/Staff Leader: _____ Dept. _____

Ext.: _____ Email _____

Student Contact (if applicable): _____

Ext.: _____ Email _____

Title of proposed Cadre: _____

I would like to lead this Cadre during: Fall Quarter Winter Quarter Spring Quarter All

Preferred time: Tuesdays, 1:00 p.m. Thursdays, 1:00 p.m. Other, please specify:

Preferred location (OCM will make room reservations): _____

Publicity (check one): I would like my Cadre publicized I would not like my Cadre publicized

Description of proposed Cadre (please give as much detail as possible for Office of University Ministries and the Center for Worship to understand and review your proposal):

I have read page one of the Cadre Proposal Form; I understand the goals of the Cadre Program. The cadre that I am proposing meets the criteria listed above.

Faculty/Staff signature

Date

Please return this form to Office of University Ministries and the Center for Worship (um@spu.edu)