

**REQUEST FOR EXCEPTION TO ALLOW USE OF TOBACCO ON MTSU PROPERTY**

Requesting Individual (name, address, M-number, phone number)	Requesting Department
Detailed description of proposed activity :	
Description of requested location:	
Age and number of expected participants:	
Anticipated safety measures/protection from secondary effects of tobacco use:	

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

CONCUR:

\_\_\_\_\_  
Print name: Date  
Campus Planning

\_\_\_\_\_  
Print Name: Date  
Environmental Health and Safety Services

APPROVED:

\_\_\_\_\_  
Provost or Vice President, Date  
as applicable