



<b>UT Health Science Center: GS5110 - Smoke Free Campus</b>	
<b>Version 1</b>	<b>Publication Date: 06/14/2022</b>

**Appendix A**

**REQUEST FOR EXCEPTION TO ALLOW USE OF TOBACCO ON UTHSC 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  
Facilities Administration

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

APPROVED:

\_\_\_\_\_  
Executive Vice Chancellor Date