Office of Graduate Student Life  
Boston College  
Alcohol Request Form

Boston College observes all laws and regulations governing the sale, purchase, and serving of alcoholic beverages by all members of its community and expects these laws will be adhered to at all events associated with Boston College.

The Office of Graduate Student Life does not intend through its guidelines or policies to restrict the responsible use of alcohol by members of the BC graduate community who are at or above the legal drinking age of 21. However, efforts to observe existing laws and regulations in an environment of inclusion will impose some constraints on those who are of legal drinking age.

The sponsoring student organization must complete this form and submit to the Office of Graduate Student Life for consideration at least two (2) weeks in advance of the event date. Completion of this form does not guarantee approval. OGSL will contact you in writing to inform you whether or not the request is approved.

Please complete all sections before submitting to the Office of Graduate Student Life for review and consideration.

PART I: Organization

Name of sponsoring organization: _______________________________________________

Name of individual responsible for the event: ______________________________________

Phone: _______________________ Email: ______________________________________

PART II: Event

Name of event: ______________________________________________________________________

Date of event: __________________________ Location: ____________________________________

Start time: _________________ End time: ___________________ # of Attendees: ____________

Brief description of event: ______________________________________________________________

PART III: Risk Management. (taken from BC Alcohol and Other Drug Policy)

- The sponsor is responsible for assuring compliance with all University policies.
- Any off-campus facility utilized for an event at which alcohol is to be served must have a valid Massachusetts liquor license.
- Events at which alcohol is served are limited to those students who are 21 years of age or older. Exceptions to this policy, which may provide for alternative means of identification or for separate serving/consuming facilities for underage students, must be approved by the Office of the Dean for Student Development and the Director of Dining Services.
- Off-campus facility staff must assume the responsibility of checking for two forms of ID and for serving the alcohol.
- Students are not to be allowed to enter the event if they are intoxicated or attempt to bring in their own alcohol.
- Food and non-alcoholic beverages must be available at events where alcohol is provided.
- The bar may serve alcoholic beverages for no more than three hours and must close at least one hour prior to the end of the event.
- Only one drink per person may be served at a time.
- No “shots,” doubles, or drinks with more than two liquors are to be served.
PART IV: Approval Signatures Required

Signatures confirm that individuals have had a conversation with the organization about the alcohol procedures for this event and are satisfied with the arrangements. Reasonable good-faith efforts were made to ensure that this event complies with University Policy and State Law.

1. Person Responsible / Event Organizer

☐ I have read and agree to adhere to the policy as stated in the Alcohol and Other Drug Policy, and Use of Alcohol at Boston College, 1-300-050, and agree to assume responsibility for strict adherence to the appropriate laws and regulations for serving alcoholic beverages.

Print Name: _______________________________ Eagle ID #: ______________________

Signature: _______________________________ Date: ______________________

Phone #: _______________________________ Address: ______________________

2. Faculty/Staff Advisor – for sponsoring graduate student organization

Print Name: _______________________________ Title: ______________________

Signature: _______________________________ Date: ______________________

3. Dean/Associate Dean – for school/department/program associated with student organization

Print Name: _______________________________ Title: ______________________

Signature: _______________________________ Date: ______________________

For Office of Graduate Student Life Use Only

OGSL Staff Signature: _______________________________ Title: ______________________

Date: ______________________

☐ Approved
☐ Not Approved

Comments: