

North Campus
Funds Requisition Application
Recommended two months prior to event

Today's Date _____ Amount of this Request: \$ _____

Requestor's name _____ Phone _____

Title of Program _____

Date of Program _____ Program Time _____ Program Location _____

Description of Program (A separate sheet of paper may be attached)

Explain how this activity will enhance student learning.

Provide your assessment tool. (e.g. surveys/questionnaires)

The committee requires student participation for co-curricular programming. What class or classes have been selected/assigned to participate, please list all sections with instructor's name?

Will you be paying for any type of professional fees? _____ Yes _____ No

If yes, please submit a college STA-1 (Student Life Agreement). This form needs to have all the necessary signatures. After the committee makes a decision, the agreement is forwarded to the Board of Trustees for its final approval. The PURPOSE must be completed on the form.

Attach on a separate sheet with an itemized list of expenses. (Be specific)

NOTE: This is not the form for room set up or room reservation.

Return to:

(Two months in advance)

Student Life Office – Attention Director of Student Life – Bldg. 46/ Rm. 133 Office Number – 954-201-2325, FAX 954-201-2326
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*At the conclusion of your activity forward your assessment, results, cost, and # of attendees.
This is required for any future funding. Submit by end of term.*