

Fanshawe Student Union Student Life Educational Fund Proposal

Proposal from (Professor): _____ Date(s) of Trip: _____

(Student): _____

Email Address (Professor): _____ (Student): _____

Ext./Phone #: _____ Mail Drop: _____

Program Name & Year: _____

Number of Students (*planning on being involved*): _____ Estimated Costs: _____

Cheque Payable to: _____

PLEASE ATTACH A TYPED LIST OF STUDENTS WITH STUDENT NUMBERS!!

Description of event (use separate sheet if necessary):

Professor's comments (use separate sheet if necessary):

Is this an academic requirement of the course? YES NO

(Note: to qualify for this funding, the trip must NOT be an academic requirement)

PROFESSOR'S SIGNATURE: _____

STUDENT'S SIGNATURE: _____

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To be filled out by FSU:

Received by _____

Date Received: _____

Student Numbers Checked: YES NO

Date Approved by SAC: _____

Copy of Invoice Received on: _____

Cheque Requisitioned on: _____

Cheque Number: _____

Sent in Mail: YES NO