

Student Life Educational Fund Proposal Form

Proposal Submitted By: _____		Date(s) of Trip: _____
Email Address: _____		Phone Number/Ext. _____
Program Name & Year: _____		
Number of Students: _____ (planning on attending the trip)	Estimated Cost for Trip: _____ Estimated Cost per Student: _____	
College Acct. Number: _____		
Cheque Payable to: _____		

Is this an academic requirement for the course? ☐ Yes ☐ No
 (Please note, to qualify for this funding, the trip must **NOT** be an academic requirement)

Description of Event or Trip (use a separate sheet if necessary): _____

Faculty Statement: State purpose and relevancy of the trip or event in relation to the College course (use a separate sheet, if necessary): _____

I, the undersigned, hereby acknowledge that I have read and understood the FSU SLEF Policy and acknowledge the associated risks related to this trip/activity. I understand that if my proposal violates the terms of the FSU SLEF Policy, the proposal will not be approved.

Signature: _____
 Date: _____

For Office Use Only:

Received By: _____ Date Received: _____
 Student Numbers Checked: Yes No Invoice Received: Yes No
 Date Approved by Executive Committee: _____
 Cheque Number: _____