

**Fanshawe Student Union
Student Life Educational Fund Proposal**

(Professor): _____	Date(s) of Activity: _____
(Student): _____	
Email Address (Professor): _____	(Student): _____
Ext/Phone #: _____	Mail Drop: _____
Program Name & Year: _____	
Number of Students: _____ Estimated Cost per Student: _____ <i>(planning on being involved)</i>	
Cheque Payable to: _____	

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: _____

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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: _____