

Student Life Educational Fund Proposal Form

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|----------------------------------|-------------------------|
| Proposal Submitted By: _____ | Date(s) of Trip: _____ |
| Email Address: _____ | Phone Number/Ext. _____ |
| Program Name & Year: _____ | |
| Number of Students: _____ | Estimated Cost: _____ |
| (planning on attending the trip) | |
| 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's Comments (use a separate sheet if necessary):

Faculty 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: _____