MPI ACTIVITY / EVENT / PROJECT PROPOSAL TEMPLATE

DATE OF APPLICATION: _____

PART A
APPLICANT DETAILS

NAME OF CLUB : _____

PRESIDENT : _____

ADVISOR(S) 1) _____

2) _____

ACTIVITY LEVEL :   ☐ *CLUB & ASSOCIATION*   ☐ *UNIVERSITY*
(Select by typing "a" to indicate ☑)   ☐ *STATE / INTERVARSITY*   ☐ *NATIONAL*
   ☐ *INTERENATIONAL*

PART B
1. ACTIVITY / EVENT / PROJECT DETAILS

PROJECT NAME : _____

PURPOSE : _____

DESIRED OUTCOMES 1) _____
(i.e. MEASURABLE OBJECTIVES
e.g. targeted no. of participants,   2) _____
donation received,
improvement desired, etc.)   3) _____

4) _____

DATE & TIME : _____ TO _____

VENUE OF EVENT : _____

EVENT DESCRIPTION :
(attach additional sheet if required)

DOES THE EVENT / ACTIVITY / PROJECT CONTRIBUTE TOWARD THE DEVELOPMENT OF:
(Type "a" to indicate ☑ where relevant. Explain in Event Description how participants attain such learning.)

☐ *Effective communication Skills*   ☐ *Lifelong Learning*
☐ *Creative & Critical Thinking Abilities*   ☐ *Engaged Global Citizen*
☐ *Ethical & Civic Responsibility*   ☐ *Leadership Capability*
☐ *Knowledge of Academic Disciplines*   ☐ *Entrepreneurship & Management Skills*
☐ *Interpersonal Skills*

2. ORGANIZING COMMITTEE

CHAIRMAN :

NRIC :   H/P No. :

eMAIL :

COMMITTEE MEMBERS :
(ATTACH ADDITIONAL SHEET IF REQUIRED)

	NAME	POSITION
1)		VICE CHAIRMAN
2)		SECRETARY
3)		TREASURER
4)		
5)		
6)		
7)		
8)		
9)		
10)		

3. INVOLVEMENT OF EXTERNAL PARTIES *(PROVIDE DETAILS IF EXTERNAL PARTIES ARE INVOLVED)*

(Type "a" to indicate ☑ where relevant)

	AS SPEAKER(S)	
	AS SPONSOR(S)	
	AS CO-ORGANIZER(S)	
	AS PARTICIPANT(S)	
	OTHERS	

(ATTACH ADDITIONAL SHEET WHEN NECESSARY)

4. FINANCIAL INFORMATION *(ATTACH BUDGET DETAILS)*

TOTAL BUDGETED INCOME :   **RM**

TOTAL BUDGETED EXPENDITURE :   **RM**

BALANCE (DEFICIT) :   **RM**

5. SCHEDULE / TIMETABLE *(ATTACH DETAILS)*

6. POSTER / NOTICE / PROMO-MATERIALS *(ATTACH SAMPLE)*

7. REQUEST TO THE OFFICE OF STUDENT OPERATIONS

NAME & SIGNATURE OF CLUB PRESIDENT   *NAME & SIGNATURE OF CLUB ADVISOR*   *STAMP*

FOR THE USE OF OFFICE OF STUDENT OPERATIONS

APPROVAL   **ECA PARTICIPATIVE HRS**

☐ **YES**   ☐ **NO**   **DIPLOMA:** _____ HRS

☐ **IMPROVEMENT NEEDED**

NAME & SIGNATURE   *DATE*