

COLLEGE OF MICRONESIA-FSM
Department of Student Services

REQUEST OF FUND AND OTHER ASSISTANCE, AND APPROVAL OF ACTIVITY

Name of Recognized Student Club or Association		Type of Student Club of Association	Date of Request
Description of the Activity		Date/Time of the Activity	Anticipated Number of Participants to the Activity
Intended Outcome(s) of the Activity	Benchmark(s) for Success		Type of Assessment including Instrumentation
Fund Assistance Requested, if applicable (Provide a List of Items with Corresponding Cost in Dollar Figure)		Other Types of Assistance Requested	
Requested by		Endorsed by (ONLY ONES THAT APPLY)	
_____ (SIGNATURE OF CLUB OFFICER OVER PRINTED NAME)	_____ POSITION TITLE	_____ Gasma Hadley , SBA President	_____ Date
Noted by _____ (SIGNATURE OF CLUB ADVISER OVER PRINTED NAME)		_____ Rudolfo Romero , Manager, Dining Hall	_____ Date
_____ (SIGNATURE OF CLUB ADVISER OVER PRINTED NAME)		_____ Marlou Gorospe , In-Charge, Residence Halls	_____ Date
_____ (SIGNATURE OF CLUB ADVISER OVER PRINTED NAME)		_____ Morehna Santos , Director of Student Life	_____ Date
Verified by		Approved by	
_____ Bastora Loyola , Secretary to the VPSS	_____ Date	_____ Joey Oducado , Acting VP for Student Services	_____ Date