

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 or Association	Date of Request
Delta Nine (9)	Cultural	November 19, 2014
Description of the Activity	Date/Time of the Activity	Anticipated Number of Participants to the Activity
<ul style="list-style-type: none"> Delta Nine – Movie Night (Member’s will recruit members, and raise money for the club) 	November 2014 5:00pm-10:00pm	70 members
Intended Outcome(s) of the Activity	Benchmark(s) for Success	Type of Assessment including Instrumentation
<ul style="list-style-type: none"> It will distract students from drinking that night, this movie night will make them stay save instead. 	<ul style="list-style-type: none"> Students will imply friendship and unity among each other, while enjoying the movie and refreshments that will be serve by the club. 	<ul style="list-style-type: none"> Photos and Surveys
Fund Assistance Requested, if applicable (Provide a List of Items with Corresponding Cost in Dollar Figure)		Other Types of Assistance Requested

Requested by <i>AT Sharp</i> (SIGNATURE OF CLUB OFFICER OVER PRINTED NAME)	V. President POSITION TITLE	Endorsed by (ONLY ONES THAT APPLY) <i>W.C.</i> Warren Ching, Chief Security	11/20/14 Date
Noted by <i>Dana Simi</i> (SIGNATURE OF SBA President OVER PRINTED NAME)		<i>Joah Castro</i> Castro Joah, Sports and Recreation	11/20/14 Date
<i>Secretary</i> <i>MART Kostka</i> (SIGNATURE OF CLUB ADVISER OVER PRINTED NAME)		<i>Francisco Mendiola</i> Francisco Mendiola, Director of Maintenance	11/20/14 Date
		<i>Moreno Santos</i> Moreno Santos, Director of Student Life	11/20/14 Date
Verified by <i>PMeyer</i>	Bastora Loyola, Secretary to the VPSS Date 11/20/14	Approved by Joey Oducado, Acting VP for Student Services	Date

Delta Nine Satisfaction Survey Form for Halloween Movie Night, Fall 2014

*The purpose of this survey is to solicit your feedback and comments about the outcome of this event.

Classification:	Gender:
State of origin:	

1. Please indicate the level of your agreement with the following statements by placing a check mark in the corresponding box: SA(strongly agree), A(agree), N(neutral), D(disagree), SD(strongly disagree), NO(no opinion). Thank you for your time completing this survey.

	STATEMENTS	SA	A	N	D	SD	NO
1	The Halloween movie night was well organized and planned.						
2	Refreshments and foods were great and enough.						
3	I had fun enjoying with our group and getting to know them all.						
4	The officers organized movies and refreshments that help us bound.						
5	The movie night helps me feel relaxed and ready for school.						
6	The movies are good and acceptable for everyone.						
7	The movies were fun and enjoyable.						

2. Overall, what is your level of satisfaction about the Delta 9 picnic?

Very satisfied _
 Satisfied _
 Dissatisfied _
 Neutral _
 No opinion _

3. Please use the space below to provide your comments/suggestions to improve the movie night.

Delta Nine Halloween Movie Night Survey Evaluation

Strongly agree	87
Agree	43
Neutral	71
Disagree	6
Strongly disagree	2
No opinion	0

