



**President's Enhancement Fund  
for Student Activities**

**Personal Information:**

ID Number \_\_\_\_\_ S.I.N. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail \_\_\_\_\_

Your year of Program: \_\_\_\_\_ Faculty/degree/major \_\_\_\_\_

**Description of project/timeline:** (Please attach documentation)

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**Project Budget:** \_\_\_\_\_ Amount covered personally: \_\_\_\_\_

Other funding:(source) \_\_\_\_\_ Amount: \_\_\_\_\_

Amount requested from President's Enhancement Fund: \_\_\_\_\_

**Request must also be supported by your department**

Departmental Contribution: \_\_\_\_\_

**N.B. ORIGINAL RECEIPTS FOR AMOUNT REQUESTED MUST BE SUBMITTED  
WITH TRAVEL EXPENSE SHEET TO FACULTY ADMIN. ASSISTANT  
(GRAD STUDENT REQUESTS SUBMITTED THROUGH OFFICE OF GRAD  
STUDIES)**

**Recommendation of Professor:** Your application must be recommended by one of your professors and approved by the Dean or Director of your program. Please have your professor PRINT this section.

Professor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Ext. \_\_\_\_\_ e-mail \_\_\_\_\_

Comments on student's request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professor's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Recommendation of Dean/Director:**

Signed recommendation by your Dean/Director is mandatory.

Dean's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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**Account Transfer: (Office use only)**

Amount approved from Enhancement fund: \$ \_\_\_\_\_ Acct. # \_\_\_\_\_

Transferred to departmental account number: \_\_\_\_\_

Signature: \_\_\_\_\_ Vice Provost & AVP Student Services

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