



**Provost's Discretionary 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)

Project Budget: _____ Amount covered personally: _____

Other funding:(source) _____ Amount: _____

Amount requested from Provost's Discretionary Fund: _____

Request must also be supported by your department

Departmental Contribution: _____

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/Chair is mandatory.

Dean's Signature: _____ Dated: _____

Comments: _____

Account Transfer: (Office use only)

Amount approved from Discretionary fund: \$ _____ Acct. # _____

Transferred to departmental account number: _____

Signature: _____ Provost & VP Academic (or designate)
