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**KULLIYYAH OF SUSTAINABLE TOURISM AND CONTEMPORARY LANGUAGES (PAGOH CAMPUS)**

**OFFICE OF STUDENT DEVELOPMENT AND COMMUNITY ENGAGEMENT**

**PROPOSAL TO ORGANIZE:** NAME OF THE PROGRAMME

**ORGANIZED BY:**

KSTCL / CLUBS NAMES

1. **INTRODUCTION**

This proposal seeks approval from the Student Programme Approval Committee (SPAC) to organize the following programme:

[Insert a brief description of the proposed programme, including its significance, relevance, and target audience.]

1. **BACKGROUND OF THE PROGRAMME**

[Provide context, origin, or inspiration for the programme. Include any relevant prior events or needs assessment.]

1. **OBJECTIVE OF THE PROGRAMME**

The objectives of the programme are as follows:

* [Objective 1]
* [Objective 2]
* [Objective 3]
* [Objective 4]

1. **PROGRAMME IMPACT**

(Aligned with IIUM Mission, Vision and relevant MADANI S.C.R.I.P.T Elements)

S – Sustainability, C – Care, Compassion, R – Respect, I – Innovation, P – Prosperity, T – Trust

[Describe how the programme aligns with the above elements.]

1. **DETAILS OF THE PROGRAMME:**

|  |  |
| --- | --- |
| **Name of the programme** |  |
| **Organizer** |  |
| **In collaboration**  **(if any)** |  |
| **Date/ Day** | 1st – 7th October 2020 / Sunday-Saturday |
| **Venue** | Building / Online Platform (For social media, please state your social media account name) |
| **Participants** | Delete the box if not necessary   |  |  | | --- | --- | | **Target participant** | **No.** | | Students | (insert number) | | VIP |  | | Speaker |  | | Trainer |  | | Public |  | | **Total** |  | |

1. **PROGRAMME SCHEDULE** (fill in the details)

|  |  |
| --- | --- |
| **TIME** | **ACTIVITY** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

***Note: please attach CV/ Profile of speaker (if any)***

1. **ORGANIZING COMMITTEE**

**ADVISOR**   
NAME (must be a lecturer/ staff)  
POSITION

|  |  |  |  |
| --- | --- | --- | --- |
| **POSITION** | **NAME/**  **EMAIL** | **MATRIC NO** | **PHONE NO** |
| PROG. MANAGER |  |  |  |
| ASSIST. PROG. MANAGER |  |  |  |
| SECRETARY |  |  |  |
| TREASURER |  |  |  |
| PROG. COORDINATOR |  |  |  |
| PREPARATION, TECHNICAL AND LOGISTICS |  |  |  |
| PROMOTION AND INFORMATION |  |  |  |
| FACILITIES AND FOOD |  |  |  |

1. **BUDGET IMPLICATION**

**8.1. Source of income:**

|  |  |  |
| --- | --- | --- |
| **No.** | **Source of income** | **Amount (RM)** |
|  | Student Trust Fund |  |
|  | Collections |  |
|  | Sponsorship (Attach list of potential companies/ sponsor) |  |
| **TOTAL** | |  |

* 1. **Proposed Expenses** (Delete the box if not necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Detail** | **Amount (RM)** | **Source of income** |
| 1. | **Transportation**  Bus/Minibus/Van/Car |  | Transportation Trust -PG |
| 2. | **Refreshment**  *(Breakfast RM5 / Lunch RM10 / Dinner RM10)*  (Ex: RM5 x No. of Pax) |  |  |
|  | * Breakfast for VIP   RM5 x 5 Pax | RM 25.00 |  |
| * Breakfast for Participants   RM5 x 10 Pax | RM 50.00 |
| 3. | **Administration**  (Write in details)   * Stationeries | RM 20.00 |  |
| 4. | **Publicity**   * Printing   (Ex.: Banners, Posters, Ticketing) | RM 10.00 |  |
| 4. | **Honorarium**  \*(Payment is done through University) |  |  |
| 5. | **TOA**  \*(for programme without honorarium) | (The recommended is RM 30.00 each person) |  |
| 6. | **Contingencies**  3-5% from overall total budget |  |  |
| **Total** | |  |  |

***Please note that all purchases of goods or services must be supported by 3 quotations as required by the IIUM Finance Division***

1. **CONCLUSION**

It is hoped that the approving authority (SPAC) could approve the sum of RM1,000.00 (Ringgit Malaysia One Thousand only**)** toorganize the (name of program) using budget from the following budget. (Elaborate)

1. **APPROVAL**

|  |  |
| --- | --- |
| Prepared by:  ……….........................................  **Name (Compulsory)**  Secretary  Date: | Checked 1 by:  ……….........................................  **Name (Compulsory)**  Programme Manager  Date: |
| Checked 2 by:  ……….....................................  **Name (Compulsory)**  President Club  Date: | Verified by:  ……….....................................  **Name (Compulsory)**  Advisor Programme  Date: |
| Recommended by:  ……….....................................  **Name (Compulsory)**  Advisor Club  Date: | Approved by:  ……….....................................  **Dr. Nur Nabilah binti Abdullah**  Chairman SPAC  Date: |