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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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** \*(formerly known as Preptach and Technical)  (Write in details)   * Stationeries | RM 20.00 |  |
| 4. | **Publicity**   * Printing   (Ex.: Banners, Posters, Ticketing) | RM 10.00 |  |
| 5. | **Honorarium**  \*(Payment is done through University) |  |  |
| 6. | **TOA**  \*(for programme without honorarium) | (The recommended is RM 30.00 each person) |  |
| 7. | **Contingencies**  3-5% from overall total budget |  |  |
| **Total** | |  |  |

***Please note that all purchases of goods or services must be supported by three (3) quotations as required by the IIUM Finance Division. However, for payments made directly to the vendor, five (5) quotations are required.***

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: |