**STUDENT PROGRAM PROPOSAL FORM**

**Purpose:** To identify program goals, develop funding sources and facilitate space at the Center for Muslim Life.

**Procedure:** Complete entire form electronically **14 DAYS** prior to event. E-mail it to Program Coordinator: Kiah.glenn@duke.edu and CC Staff Assistant: Kathleen.longmuir@duke.edu

<table>
<thead>
<tr>
<th>Date: __________________</th>
<th>Event Date: __________________</th>
<th>Student/Organization: __________________</th>
</tr>
</thead>
</table>

Program Title: ____________________________________________

Venue: _____________________________ Anticipated Attendance: __________

**Provide goal of event/project/initiative:**

Circle all that apply: Community  Collaboration  Leadership  Education

**Co-sponsorship:** specify by whom, role in event and financial contribution (if any)

**Explain why the Center for Muslim Life at Duke should fund your program:**

**Explain how program will be advertised. Attach flyer or logo used for event.** *(If a flyer is not complete at the time of submission, must be sent to Kiah.glenn@duke.edu at least 7 days prior to program for approval.):*

**Funding source for program:** *(Check all that apply.)*

- Cultural Fund ☐  SOFC ☐  Other ☐
- Department Specify: ___________
- Student Group Specify: ___________

**Source for purchasing resources/items for program:**

- UCAE ☐  Reimbursement ☐  Invoice ☐
- Student Group Specify: ___________
- Other: ___________ ☐
<table>
<thead>
<tr>
<th>Item</th>
<th>Purpose</th>
<th>Quantity</th>
<th>Anticipated Cost</th>
<th>Purchased From</th>
<th>Who is paying</th>
</tr>
</thead>
</table>

**Budget**

*Without a completed budget, no money will be allocated. **Attach additional excel sheet if needed.**

**NOTE:** Submit all receipts/invoices within 3 business days of event. No reimbursements made 14 days after event.