



Associated Students Incorporated

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Activities Committee

Program Proposal

Name of Requestor: _____ Event Name: _____

CSUSB Status (circle all that apply): Student | Faculty | Staff

Do you work in ASI? Yes | No If so, what department? _____

Phone Number: _____ Email: _____

Program Information

Lead Person Name: _____ Co-lead Person Name: _____

If you are collaborating with any departments, please list them:

Expected # of participants: Student: _____ Staff: _____ Faculty: _____ Non CSUSB Affiliate: _____

Location(s) of Event: _____

Date(s) of Event: _____

Abstract (Summary of Event)

Objectives

Student Learning Outcomes: (describe how your program falls in line with the mission of ASI and what your attendees will learn)

Budget for Event (Total Cost):

Artist/ Attraction/Speaker Fee:	
Advertising:	
Food:	
A/V Set-Up:	
Awards/Prizes:	
Other:Decor/ Security/Miscellaneous	
Total:	