

**KULIYYAH OF LANGUAGES AND MANAGEMENT (PAGOH CAMPUS)**

**OFFICE OF STUDENT DEVELOPMENT AND COMMUNITY ENGAGEMENT**

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

**ORGANIZED BY:**

MAHALLAH REPRESENTATIVE COMMITTEE, MAHALLAH ZAID BIN HARITHAH

The purpose of the proposal is to highlight and seek approval from the Student Program Approval Committee (SPAC) members to organize the above programme.

1. **INTRODUCTION**

Introduction to the programme

1. **OBJECTIVES** (Objective of your programme)

4. **IMPACT OF THE PROGRAMME (based on IIUM Mission and Vision, Sustainable Development Goals (SDG), Maqasid Shariah, and National Education Philosophy,**

Impact of the programme must be based on what you tick in Programme Proposal Form

1. **DETAILS OF THE PROGRAMME:**

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

1. **ORGANIZING COMMITTEE**

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

\*Principal only can be advisor for Main Board Programme. Others, please seek the advise from the fellow

|  |  |  |  |
| --- | --- | --- | --- |
| **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. **PROGRAMME SCHEDULE** (fill in the details)

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

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

1. **PROPOSED ACTIVITY**

(Please provide before, during and after the programme workflow)

1. **BUDGET IMPLICATION**

**9.1. Source of income:**

|  |  |  |
| --- | --- | --- |
| **No.** | **Source of income** | **Amount (RM)** |
|  | Student Activities Miscellaneous Trust (SMT) |  |
|  | Student Activities Trust (SAT) |  |
|  | College Activities Trust (CAT) |  |
|  | Operating Budget (CLAV) |  |
|  | Sponsorship (Attach list of potential companies/ sponsor) |  |
|  | Others (write details) |  |
| **TOTAL** | |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Detail** | **Amount (RM)** | **Source of income** |
| 1. | Transportation  Bus/Minibus/Van/MPV/Car |  | Transportation Trust -PG |
| 2. | Meal (if any)  *(Breakfast RM3 / Lunch RM5 / Dinner RM5)*  (Ex: RM3 x No. of Pax = RM) |  |  |
| 3. | Preparation & Technical  Write in details |  |  |
| 4. | Printing & Stationeries  Write in details |  |  |
| 5. | Miscellaneous  Write in details |  |  |
| **Total** | |  |  |

***Please note that all purchase 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** (For programme advised by Fellow. Delete this page if not necessary)

|  |  |
| --- | --- |
| Prepared by:  ……….........................................  **Name (Compulsory)**  Secretary  Date: | Checked by:  ……….........................................  **Name (Compulsory)**  President  Date: |
| Verified by:  ……….....................................  **Name (Compulsory)**  Advisor & Fellow  Date: | Approved by:  ……….....................................  **Mohamad Khaidir Sahid**  Principal  Date: |
| Approved by:  ……….....................................  **Dr. Nonglaksana Kama**  Chairman of SPAC  Date: | |

1. **APPROVAL** (For programme advised by Principal. Delete this page if not necessary)

|  |  |
| --- | --- |
| Prepared by:  ……….........................................  **Name (Compulsory)**  Secretary  Date: | Checked by:  ……….........................................  **Name (Compulsory)**  Program Manager  Date: |
| Verified by:  ……….....................................  **Mohamad Khaidir Sahid**  Advisor & Principal  **(Compulsory)**  Date: | Approved by:  ……….....................................  **Dr. Nonglaksana Kama**  Chairman SPAC  Date: |