1. **PURPOSE**

The purpose of this paper is to obtain the recommendation and approval from the International Student Centre and the Office of the Deputy Vice Chancellor (Students and Alumni Affairs), Universiti Sultan Zainal Abidin (UniSZA) to organize ……..(**name of programme / event / activities**).

* 1. Besides that, this proposal to ensure the planning of (**name of programme / event / activities**) will be implemented to achieve the objective of ….(**club’s name / association**).
	2. Others matters (if any)

**2.0 BACKGROUND OF THE PROGRAMME**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# 3.0 OBJECTIVE

3.1

3.2

**4.0 LEARNING OUTCOMES OF THE PROGRAMME**

 4.1

4.2

1. **IMPLEMENTATION METHOD OF THE PROGRAMME**

5.1

5.2

5.3

5.4

5.5

1. **PROGAMME IMPACT TO THE UNIVERSITY**

 6.1

 6.2

 6.3

 6.4

 6.5

# 7.0 OPENING CEREMONY

 7.1 Date :

 7.2 Day :

 7.3 Time :

 7.4 Venue :

 7.5 Presented by : **Nama, Position, Department**

# 8.0 CLOSING CEREMONY

8.1 Date :

8.2 Day :

8.3 Time :

8.4 Venue :

8.5 Peresented by : **Nama, Position, Department**

# 9.0 PARTICIPATION

9.1 Total of participants :

9.2 Advisory/Liason Officer:

1. Name :
2. Position :
3. Department :
4. Handphone No:

# 10.0 SPEAKER

 10.1 Full Personal Data

 10.1.1 Name

 10.1.2 Current position

 10.1.3 Organization

 10.1.4 Personal information background

* + 1. Educational Background / Experience
		2. Reason for selecting the speaker
		3. Scope/concepts/topics to be presented

# 11.0 TENTATIVE PROGRAMME *(Sample)*

**TENTATIVE PROGRAMME**

**NAME OF PROGRAMME**

**Time : 28/01/2011 (Friday )**

3.00 pm : Arrival of guest and registration

7.00 pm : Dinner and Prayer

8.30 pm : Official Ceremony “Course on National IPT PSSCM Administration 2011”

 **Peresented by :** Ybhg. Prof. Dr. Mohd Fauzi b. Ramlan

 (Deputy Vice Chancellor, HEPA)

9.30 pm : **TALKS 1**

 **Titlw :** Tiga Zaman Kepimpinan PSSCM

 **Speakers:** En. Roslin b. Ali Omar

(Director Education Malaysia)

11.15 pm : Supper

11.30 pm : End of programme

**Time : 29/01/2011 (Saturday)**

7.30 am: Breakfast

8.00 am: *Ice breaking*

10.30 am : Minum pagi

10.50 am : **Course/ Slot 1** (Constitution and Management Procedures Meeting

 PSSCM)

* ***Title : Constitution PSSCM***

**Speakers :** En. Mohd Zaini b. Marzuki

Please indicate **the title, speakers and position**

(Chairman of Law Department PSSCM)

* ***Title : AGM PSSCM Procedures***

**Speakers:** En. Mohd Hafiz b. Jamil

(Secretary of PSSCM)

1.00 pm : Lunch, Prayer

2.00 pm : Group discussion

 **Title: (Please indicate)**

4.30 pm : Tea break

5.30 pm : End of programme

# 12.0 MAIN ORGANIZATIONAL CHART CLUB/ASSOCIATION..........

**Chairman**

Name

**Advisory**

**Name & H/P No**

**President**

**Name & H/P No**

**Vice President (VP)**

**VP 2**

**VP 3**

**VP 1**

**Secretary**

Name & H/P No

**Treasury**

**Vice Secretary**

**Vice Treasury**

#

#

#

\* Only main organization members not all committee members

\*EXCO Members : President,

 Vice President,

Secretary

Assistant Secretary

Treasurer

Assistant Treasurer

# 13.0 PROGRAMME IMPLEMENTATION COMMITTEE

**COMMITTEE**

 **......................................................................................................**

**.....................................................................................................**

**UNIVERSITI SULTAN ZAINAL ABIDIN**

Chairman :

Advisory :

Ex-Officio : (Name of Club President)

Programme Director :

Deputy Director :

Secretary :

Treasury :

Committe Members :

14.0 **ESTIMATED EXPENDITURES**

|  |  |  |
| --- | --- | --- |
| **1.** | **INCOME** | **RM** |
|  |  |  |
|  | 1.1 | Registration Fee (RM ……….. x ………orang) | XXXX.XX |
|  | 1.2 | University Budget / INTEC / HEPA | XXXX.XX |
|  | 1.3 | Sponsorship (list down) | XXXX.XX |
|  | 1.41.5 | Faculty budgetAssociation Funds | XXXX.XX |
|  | 1.6 | Others |  |
|  |  |  |  |
|  |  | **TOTAL OF INCOME** | **XXXX.XX** |
|  |  |  |  |
|  |  |  |
| **2.** | **EXSPENSES** |  |
|  |  |  |
|  | 2.1 | Administration |  |
|  |  |  |  |
|  |  | (i) | Printing (book souvenir, invitation card, brochure etc.) (RM \_\_\_\_ X \_\_\_ unit) | XXXX.XX |
|  |  | (ii) | Courier fee | XXXX.XX |
|  |  | (iii) | Telephone/ Facsimile | XXXX.XX |
|  |  |  |  |  |
|  | 2.2 | Logistic | **TOTAL MUST BE EQUAL** |
|  |  |  |  |  |
|  |  | (i) | Accommodation (RM ……… x ………. pax) | XXXX.XX |
|  |  | (ii) | **Transportation (RM ……….. x ……….. day)** | XXXX.XX |
|  |  | (iii) | Parking Fee | XXX.XX |
|  |  | (iv) | Hall rental, PA System, etc | XXXX.XX |
|  |  |  |  |  |
|  | 2.3 | Honorarium |  |
|  |  | (i) | Gifts to Officers/speaker/panel members(RM \_\_\_\_ X \_\_\_ unit) | XXXX.XX |
|  |  | (ii) | Honorarium speaker /panel members | XXXX.XX |
|  |  |  | RM \_\_\_\_ X \_\_\_ unit) |  |
|  | 2.4 | Publicity |  |
|  |  | (Banner, backdrop, poster) / sise(RM ……… x ……….. unit) | XXXX.XX |
|  |  |  |  |  |
|  |  | **TOTAL OF EXPENSES** | **XXXX.XX** |
|  |  |  |  |

**Note:**

* Column for RM x UNIT may be altered depending on the activity.
	+ **E.g. :** where the activity involves days, the calculation be altered to:

**RM x No. x Days**

* Please ensure the total of expenses and the outcome is balance.
	+ **Example :** If total income is RM 1000.00, then the total expenses must also be RM 1000.00.

# 15.0 RECOMMENDATION

13.1 We recommend that this proposal can be considered and approved by the International Student Centre and the Office of Deputy Vice Chancellor (Student and Alumni Affairs), UniSZA

13.2 We also suggest the university facilitates the provision of the following:

 **Sample :**

|  |  |  |
| --- | --- | --- |
| **NO.** | **ITEM** | **UNIT** |
| 1. | Bus  | 1 |
| 2. | Gifts1. VIP UniSZA

[not encourage to apply,include in expenditures of programme)VIP External (Please specify)* Director
* School Headmaster
* etc
1. etc
 | 12121 |
| 3. | LCD, PA System,Technician (apply to Information Technology Centre with the approval letter of the programme) | 1 |
| 4. | Hall  | - |

# 16.0 SUMMARY

(Please indicate the expectations of the committee involved in the activitiy/programme).

Prepared by Revised by,

............................................... ...................................................

**(FULL NAME ) (FULL NAME)**

Programe Director , President

Club/Association Club/Assocaition

Universiti Sultan Zainal Abidin Universiti Sultan Zainal Abidin

Student ID Student ID

Phone No Phone No

Confirmed by,

............................................

**(Full name )**

Advisory

Club/Association

Universiti Sultan Zainal Abidin

Phone No