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 establish**……..(name of club / association / organization or secretariat).**

* 1. Besides that, this proposal to provide comprehensive information regarding plans to establish (**name of club / association / organization or secretariat).**
  2. Others (if any)

**2.0 BACKGROUND OF THE ASSOCIATION**

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

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# 3.0 FULLNAME OF ASSOCIATION, LOGO AND ADDRESS

**4.0 VISION**

1. **MISSION**
2. **MOTTO**

# 7.0 ESTABLISHMENT OBJECTIVES

7.1

7.2

7.3

7.4

7.5

# 8.0 RELEVANCE OF ESTABLISHMENT

8.1

8.2

8.3

8.4

8.5

# 9.0 PARTICIPATION

9.1 Estimated total of participants :

9.2 Advisory of Association

1. Name :
2. Position :
3. Department :
4. Handphone No:
5. Experience in managing / advising student organizations

# 10.0 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 are included not committee members.

\*EXCO Members : President,

Vice President,

Secretary

Assistant Secretary

Treasurer

Assistant Treasurer

# 11.0 ACTIVITY/PROGRAMME PLANNING FOR YEAR 20\_ \_/20\_

11.1

11.2

11.3

11.4

11.5

**12.0 RECOMMENDATION**

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

# 13.0 SUMMARY

(Summarize all aspects relating to the assocaiton that you wish to establish)

Prepared by, Supported by,

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

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

Programme of Study Position

Department/Faculty Department

Universiti Sultan Zainal Abidin Universiti Sultan Zainal Abidin

Student ID Student ID

Phone No Phone No

Confirmed by,

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

**(Full name )**

Adviser

Club/Association

Universiti Sultan Zainal Abidin

Phone No