

Graduate Student Organization BUDGET PROPOSAL

| | | |
|---|------------------|----------------------|
| Graduate Student Organization Name (please do not abbreviate) | | Today's Date |
| | | |
| President's Name | | Hofstra ID Number |
| | | |
| Hofstra Email Address | Telephone Number | |
| | | |
| Notes | | |
| | | |
| President's Signature (By signing you acknowledge that all attached information is correct.) | | |
| | | |
| Advisor Name | | Advisor Department |
| | | |
| Advisor Email Address | | Advisor Phone Number |
| | | |
| Advisor Signature (I have reviewed the information and understand that the budget is not finalized until approved by the Office of Student Leadership and Activities) | | Date |
| | | |

FOR OFFICE USE ONLY

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|---|-----------|
| OFFICE OF STUDENT LEADERSHIP AND ACTIVITIES | SIGNATURE |
| | |
| TOTAL AMOUNT OF BUDGET APPROVED | DATE |
| | |
| NOTES | |
| | |

Listed below are suggested areas to think about when fulfilling your proposal. These are guidelines to assist you in completing this form- not every area needs to be addressed and please feel free to add topics not mentioned. If you attach other information (Excel spreadsheet), you will still need to summarize the information in this sheet

Please supply dates (tentative) for all planned events. The more detail you give the better you chance for approval.

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| 1. Kick-off Event Recruitment Meeting | TOTAL \$ |
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| 2. Educational Workshops/Speakers: (We suggest co-sponsoring events with other clubs in your school.) | TOTAL \$ |
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| 3. Social Programs: (Fundraisers and ticket sales can be used to off-set costs for social programs.) | TOTAL \$ |
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| 4.Conferences: Funding for conferences will cover air fare, hotel and conference registration only. | TOTAL \$ |
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| 5. Field trips: Please highlight how the trip relates to your academic program ex. MBA traveling to Wall Street. | TOTAL \$ |
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|--|----------|
| 6. Marketing/gifts: These items would include flyers, posters and small purchases used to recruit new members or to have available for some end-of-the year ceremonies such as plaques, awards, etc. | TOTAL \$ |
| | |
| 7. Supplies: Please outline any costs/supplies that are critical to the functioning to the functioning of your group. | TOTAL \$ |
| | |
| 8. Other | TOTAL \$ |
| | |
| TOTAL REQUESTED | |