

Division of Student Affairs 2900 Bedford Avenue – Brooklyn, NY 11210 Tel (718) 951-5352 – Fax (718) 951- 4453 www.brooklyn.cuny.edu

## **BC In The City**

Request Form

Section A Contact Information	
First Name:	Last Name:
EMPLID:	Email Address:
Campus Address:	Campus Phone Number:
Academic School:	Program/Department:
Section B Event Planning	
Name of Event:	
Sponsor: [] Faculty Member [] Department	
Date of Event:	Time of Event:
Address of Location:	Phone Number of Location:
City:	State: Zip Code:
Antic	cipated Attendance:
BC Students: CUNY Students:	Non CUNY Students:
BC Faculty: CUNY Faculty:	Non CUNY Faculty:
BC Staff: CUNY Staff:	Non CUNY Staff:
Other: Please Describe:	
Which of the following Division of Student Affairs outcome( <ul> <li>Accountability (responsibility; humility)</li> </ul>	

- Cognitive Complexity (critical thinking; reflective thinking; effective reasoning)
- Commitment to Ethics (mindful of others; acts with integrity; commitment to ethics and integrity)
- Humanitarianism and Civic Engagement (understanding and appreciation of cultural and human differences; global perspective; social responsibility; sense of civic responsibility)
- Interpersonal Competence (meaningful relationships; interdependence; collaboration; effective leadership)
- Intrapersonal Development (realistic self-appraisal; self-understanding and self-respect)
- Practical Competence (pursuing goals; communicating effectively; technical competence; managing personal affairs; managing career development; demonstrating professionalism; maintaining health and wellness; living a purposeful and satisfying life)



Section C Budget Details		
A comprehensive budget should be listed below. Please incl for this initiative. Please attach proof of estimated expenses		
Estimated Total Cost:	Amount Requested:	
Description of Item	Estimated Cost	Source of Funds
Other then funding surrent what other types of surrent are very	- normating from Student Affaire?	
Other than funding support, what other types of support are you	requesting from Student Artans:	
Section D Bus Trip		
Is this a bus trip? ( <i>If yes, please complete this section.</i> ) [	] Yes [] No	
Please list date and time of departure from Brooklyn College:		
Please list date and time you want to leave the location to retu	rn to campus:	
Name of Contact for Trip:		



## Program Information

(Attach additional sheets as needed.)

Briefly describe the event, including points of distinction:

List your desired learning outcomes:

Describe how you will measure program impact and how you will assess learning outcomes:

Section F	Approvals	
Faculty Name:		Faculty's Signature:
Department Name:		Department Chair's Signature:
School Dean's Name:		Dean's Signature:

Requests will be reviewed on a first come, first served basis and awarding of funds will continue until the budget is exhausted. Completed request forms should be submitted to the Division of Student Affairs located in 2113 Boylan Hall.

Section G	Administrative Use Only
Date:	Amount Requested:
Approved	Amount Approved:
Denied	Rationale: