

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: _____

Anticipated 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(s) is being supported by the event?

- Accountability (responsibility; humility)
- 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 E 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: _____