Universiti Tunku Abdul Rahman			
Form Title : **APPLICATION FOR FUNRAISING ACTIVITY WITHIN UTAR CAMPUS**			
Form Number : FM-DSA-CSU-011	Rev No: 1	Effective Date: 01/05/2011	Page No: 1 **of** 1

Name of Applicant: _____

Student ID: _____

Course & Faculty: _____

Name of Society (if applicable): _____

Position / Designation in society (if applicable): _____

Purpose of the Fundraising: _____

_____

_____

Fundraising covers the following campus:

☐ PJ Campus ☐ KL Campus ☐ Sg. Long Campus ☐ Perak Campus

Mechanism for Fundraising

☐ Donation Box

☐ Others (please specify)

_____

_____

Duration of the Activity: _____

Submitted by

_____

Name:

Student ID:

Date:

Approved by

_____

Head, Department of Student Affairs

Name:

Date: