

Ref No.: _____

OFFICE OF THE DEPUTY CAMPUS DIRECTOR
(STUDENT DEVELOPMENT & SUPPORT SERVICES)
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

PROGRAMME PROPOSAL FORM (PPF)

REMINDER: PLEASE FILL UP THE FORMS COMPLETELY.

For Office Use:
Please tick (/) if applicable

1. PROGRAMME

- i. Name of Programme : _____

- ii. Organiser/s : _____
- iii. Venue : _____
- iv. Start Date : _____ End Date : _____
- v. Expected No. of Participant (s) : Local : _____
International : _____
- vi. Collaborations : _____

- Community Service
- International
- Fund Raising
- Acquiring Sponsorship
- Other: _____
(Please Specify)

**(For collaboration programme, signature of the main organiser and collaborators are required in the Joint Programme Form)*

2. TYPES OF PROGRAMME (Please tick (/) which relevant)

- Student Driven Department Driven Credited Programme (Not entitled for STAR's Point) Others: Please Specify : _____

3. K/C/D/I/O/M IN-CHARGE:

4. SOCIETY/CLUB/ASSOCIATION:

- 5. TYPE OF ACTIVITY :** Participation Competition

6. LEVEL OF ACTIVITY (Please tick (/) which relevant)

- International National State University Society/Department

7. VARIATION OF ACTIVITY (Please tick (/) which relevant)

Attending Ceremony	<input type="checkbox"/>	Cultural	<input type="checkbox"/>	Intellectual	<input type="checkbox"/>	Spiritual	<input type="checkbox"/>
Annual General Meeting	<input type="checkbox"/>	Debate	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	Sport	<input type="checkbox"/>
Bulletin/ Newsletter	<input type="checkbox"/>	Educational Trip	<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Training	<input type="checkbox"/>
Community Engagement	<input type="checkbox"/>	Entrepreneurship	<input type="checkbox"/>	Social Gathering	<input type="checkbox"/>	Uniform Bodies	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Promotion/booth	<input type="checkbox"/>	Seminar/Conference	<input type="checkbox"/>		

8. SDG GOALS (Please tick (/) which relevant)

Goal 1: No poverty	<input type="checkbox"/>	Goal 2: Zero Hunger	<input type="checkbox"/>	Goal 3: Good Health & Well-being	<input type="checkbox"/>
Goal 4: Quality Education	<input type="checkbox"/>	Goal 5: Gender Equality	<input type="checkbox"/>	Goal 6: Clean Water & Sanitation	<input type="checkbox"/>
Goal 7: Affordable & Clean Energy	<input type="checkbox"/>	Goal 8: Decent Work & Economic Growth	<input type="checkbox"/>	Goal 9: Industry, Innovation & Infrastructure	<input type="checkbox"/>
Goal 10: Reduce Inequalities	<input type="checkbox"/>	Goal 11: Sustainable Cities & Communities	<input type="checkbox"/>	Goal 12: Responsible Consumption & Production	<input type="checkbox"/>
Goal 13: Climate Action	<input type="checkbox"/>	Goal 14: Life Below Water	<input type="checkbox"/>	Goal 15: Life on Land	<input type="checkbox"/>
Goal 16: Peace, Justice & Strong Institutions	<input type="checkbox"/>	Goal 17: Partnership for for the goals	<input type="checkbox"/>		

9. MAQASID SHARIAH (Please tick (/) which relevant)

Faith	<input type="checkbox"/>
Life	<input type="checkbox"/>
Intellect	<input type="checkbox"/>
Lineage	<input type="checkbox"/>
Wealth	<input type="checkbox"/>

10. MISSION OF IIUM (Please tick (/) which relevant)

Islamisation	<input type="checkbox"/>
Internationalization	<input type="checkbox"/>
Integration	<input type="checkbox"/>

11. STUDENT IN-CHARGE (STUDENT DRIVEN ONLY)

POSITION	NAME	MATRIC NUMBER	MOBILE NUMBER	SIGNATURE
Programme Manager				
President of Societies / Club				
Secretary of Societies / Clubs				
Treasurer of Societies / Club				

* PLEASE REFER DISCLAIMER

12. UNDERTAKING BY SECRETARY/PROGRAMME MANAGER

I hereby certify that the above information given are true and correct as to the best of my knowledge.

(Signature)

Name :

Date :

13. FINANCIAL REQUIREMENT:

13.1	Financial requirement a) Balance Budget : RM_____ (Please refer : K/C/D/I/O/M) b) Budget Requested : RM_____ c) Budget from : (please tick (/) which relevant) <input type="checkbox"/> SDEV <input type="checkbox"/> CCSD <input type="checkbox"/> EDC <input type="checkbox"/> SDD <input type="checkbox"/> CREDITED CO-CURRICULAR <input type="checkbox"/> CiTRA <input type="checkbox"/> MAHALLAH <input type="checkbox"/> IWON <input type="checkbox"/> KULLIYYAH																					
13.2	Other sources of income (please attach / specify): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">1.</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">RM</td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">4.</td> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">RM</td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> <td style="text-align: center;">RM</td> <td></td> <td style="text-align: center;">5.</td> <td></td> <td style="text-align: center;">RM</td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> <td style="text-align: center;">RM</td> <td></td> <td style="text-align: center;">6.</td> <td></td> <td style="text-align: center;">RM</td> </tr> </table>	1.		RM		4.		RM	2.		RM		5.		RM	3.		RM		6.		RM
1.		RM		4.		RM																
2.		RM		5.		RM																
3.		RM		6.		RM																
13.3	Total Programme Budget :RM _____ Transportation : <i>Quantity</i> : _____ <i>Type</i> : BUS / VAN / LORRY / MPV																					

14. FOR CENTRAL CLUBS:

A) RECOMMENDATION

i. CLUB / PROGRAM ADVISOR

Remarks : _____
 Signature/Stamp : _____
 Date : _____

ii. OFFICER-IN-CHARGE / ASSISTANT DIRECTOR

Remarks : _____
 Budget Recommended : _____
 Signature/Stamp : _____
 Date : _____

iii. DEPUTY DIRECTOR (OSC) / HEAD OF DEPARTMENT

Remarks : _____
 Budget Recommended : _____
 Signature/Stamp : _____
 Date : _____

15. FOR MAHALLAH:

A) **RECOMMENDATION**

i. PROGRAM ADVISOR / FELLOW

Remarks : _____
Signature/Stamp : _____
Date : _____

ii. MAHALLAH PRINCIPAL

Remarks : _____
Budget Recommended : _____
Signature/Stamp : _____
Date : _____

16. FOR KULLIYAH:

A) **RECOMMENDATION**

i. PROGRAM ADVISOR

Remarks : _____
Signature/Stamp : _____
Date : _____

ii. DEPUTY DEAN (SDCE)

Remarks : _____
Budget Recommended : _____
Signature/Stamp : _____
Date : _____

iii. DEAN

Remarks : _____
Budget Recommended : _____
Signature/Stamp : _____
Date : _____

Notes:

- 1) Programme Proposal may be approved up to RM 10,000 by respective Deputy Dean SDCE
- 2) Programme Proposal may be approved up to RM 20,000 by respective Deans / DCD SDSS
- 3) Trust Funds Committee approval is required if the programme request budget from trust fund budget (please refer IIUM policy)
- 4) For kulliyah programme, DCD SDSS approval is required if the budget is requested from OSC allocation

17. DEPUTY CAMPUS DIRECTOR (STUDENT DEVELOPMENT & SUPPORT SERVICES)

Approved Resubmission / KIV Rejected

Remarks : _____
Budget Approved (RM) : _____
Transport IIUM Budget (RM _____)
Signature : _____
Stamp/Date : _____

18. APPROVAL

i. HEAD, FINANCE DEPARTMENT, IIUM Kuantan Campus

Remarks : _____
Budget Approved : _____
Signature/Stamp : _____
Date : _____

ii. Campus Director, IIUM Kuantan Campus

Remarks : _____
Budget Approved : _____
Signature/Stamp : _____
Date : _____

19. APPROVAL FOR PROGRAMME REQUIRING SPONSORSHIP ONLY :

RECOMMENDATION

i. Deputy Rector (Student Development & Community Engagement) (*if applicable*)

Remarks : _____
Budget Recommended : _____
Signature/Stamp : _____
Date : _____

APPROVAL

iv. EXECUTIVE DIRECTOR OF FINANCE

Remarks : _____
Signature/Stamp : _____
Date : _____

v. Rector

Remarks : _____
Signature/Stamp : _____
Date : _____

GUIDELINES:

1. Please submit **1 original PPF** and **1 proposal paper** (please refer to the guideline/checklist below for submission of the proposal) with the completed form to the staff in-charge.
2. Duration for Submission of Proposal are as follows:-

No.	Level of Programme	Submission of working papers to the officer in-charge
1.	University/Club level	Not less than 21 days before the date of programme
2.	National level & Programmes that require Sponsorship from outside, regardless of level	Not less than 3 months before the date of programme
3.	Regional/International level	Not less than 6 months before the date of programme
4.	Invitational	Not less than 9 days before the date of programme

3. All banners, buntings, media statements and official letters must be approved by the relevant offices.
4. **The Programme Report** and **Financial Report** forms must be submitted to the staff in-charge not more than **14 days** after the programme.
5. Please refer to the relevant **Kulliyah/Centre/Division/Mahallah officers, Advisors and E-book Guidelines and Procedures on Student Activities** for detailed guidelines.
6. **All selling/cooking activities must seek recommendation from Facilities, Food & Services Department (FFSD) and must be attached with programme proposal before submitting for approval.**
7. * **DISCLAIMER:** The University's Authority shall not be held responsible for any insufficient of sponsorship fund or overspend of approved budget. The programme organizer/s shall be fully accountable to the third parties or any other expenses declared under sponsorship allocation and any additional expenditure of approved budget.
8. All programmes profits must be maintain by the University Account.