



DEPARTMENTAL ALLOCATION FORM
20\_\_-20\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_
Senator's name (printed) \_\_\_\_\_ Senator's ID #: \_\_\_\_\_
Senator's e-mail: \_\_\_\_\_ Senator's phone Number: \_\_\_\_\_
Total number of graduate students in your department (Full-time & Part-time): \_\_\_\_\_
Total GSO Departmental Allocation being requested (\$4 per full-time student, \$1 per part-time student): \_\_\_\_\_

Describe what the funds will be used for:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please provide signatures equal to 30% of the total number of the graduate students from your Department or 50 graduate students from your Department, whichever is less. Have your program director / graduate secretary verify both that the total number of students provided above and the names provided below are correct by providing a signed letter; attach the letter to this form.

Statement of Consent: "We, the undersigned, representing the Department of \_\_\_\_\_ hereby request that our student activity fee money allocated by GSO be used in the above manner and that we assent to the department senator named at the top of this form being designated custodian of said funds."

PLEASE, PRINT YOUR NAME CLEARLY:

Table with 4 columns: NAME, ID#, SIGNATURE, EMAIL. Multiple rows for student entries.

(Please, attach additional sheets as needed)