# Student(s) Application Form

List the primary student responsible for submitting this application:

Name: Student No.:

Applicable Course: Program:

Instructor: Department Chair:

# Student(s) Supports

Detailed description of planned activities and/or initiatives:

Please outline in detail how the planned activities and/or initiatives support the following:

1. To achieve greater levels of success within VIU program(s)
2. Learning within the program(s)/course(s);
3. Continued enrollment/success at VIU;
4. Other

**Funding Request:**

Funding Description:

Total amount of funding requested (including travel):

The Committee requires the submission of the [**Employee Expense Claim**](https://employees.viu.ca/financial-services/employee-travel-and-expense-claim-form) to provide the **estimated** costs for travel, accommodations, meal per diems, etc. As students do not have access to this form and cannot be reimbursed, please work with the instructor that will be covering the costs to have the expense claim filled out and submitted with the application form.

**Does this require continued support from:**

[ ]  Current Department/Faculty [ ]  Information Technology Department [ ]  Other

Provide further details of the continued support needed and the funding plan as the ESPD Fund does not commit any ongoing department funding or IT support:

Attach any additional information that may be relevant to the application.

[ ]  *I understand the Committee may require a personal interview with the candidate(s), or the short-listed candidate(s) only, to review and clarify this information and/or seek additional relevant information.*

[ ]  *I have read the ‘Fact Sheet’ and the ‘Eligibility’ concerning BCGEU ESPD Funding.*

[ ]  *I have consulted with my Program Chair for planning purposes.*

Applicant Signature Date

**Senior Administrator’s Remarks**: *(Dean, Director or Regional Campus Administrator)*

Please comment on the statements included in this application, if any, which refer to the benefit of the ESPD Funding proposal to department/program operations.

As the Senior Administrator:

[ ]  Yes, I approve the request(s).

[ ]  No, I do not approve the request(s).

Senior Administrator Signature Date
REQUIRED

Program Chair Signature Date
OPTIONAL

**Hard copy submissions: Completed form to the Human Resources Department
Electronic submission: Email completed form to** **ER@viu.ca**