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 (up to $ 800 allotted based on the number of graduate students within your department, as stated on the Budget.): ______________

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/program administrative assistant verify both that the total number of students provided above and the names provided below are correct by providing a signed letter that is to be attached 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>
<thead>
<tr>
<th>NAME</th>
<th>ID#</th>
<th>SIGNATURE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please, attach additional sheets as needed)
I, ___________________(Print name) verify that the total number of graduate students (Full-time & Part-time) is ________________, and that the names provided above are correct.

Program director/program administrative assistant (Check one):  

__________________                 _______________  
Signature                     Date