

STUDENT CHAPTERS COMMITTEE

CREATIVITY AWARD FORM

Part A: Application Details *(To be filled by the President of the Student Chapter)*

Chapter ID	
Chapter Name	
Chapter President	Name: E-mail address: Phone Number: Address:
Faculty Advisor	Name: E-mail address:
Details of the Event / Activity	Name:
	Category: (tick (x) one) <input type="checkbox"/> Rakyat <input type="checkbox"/> Academic <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> Chapter
	Date of event/activity:
	Summary of the event/activity: <i>(Please attach all related documentations)</i>

Prepared by;

.....

Name:
President

Confirmed by;

.....

Name:
Faculty Advisor *(both signature and official stamp required)*