

City University of Hong Kong
School of Continuing and Professional Education (SCOPE)
Student Development Unit (SDU)

STUDENT ACTIVITIES FUND

Evaluation and Claim Form

(Please type or write clearly in black)

Approval Number of the activity: _____	
Name of Claimant (Leader of the Activity): (Mr./Miss) _____	
Student ID No.: _____	
Program / Year: _____	E-mail address: _____
Contact Tel No.: _____	

1. Name of Activity: _____
2. Activity Date(s)/Period: _____

A. Evaluation

3. The following objective(s) of the activity was (were) met: (Please tick the appropriate boxes)

	Not Applicable	Fully met				Not at all met
i. to enhance students' *(social / educational / recreational) life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. to contribute to the enhancement of *(campus life / student learning / personal development / outdoor activities / social services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. to develop the student's *(leadership abilities / interpersonal skills / attitudes to serve the community / cultivate personal interests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Others: (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Delete as appropriate

4. Review of activity:

Number of participants:

- 1. Expected: _____
- 2. Registered: _____
- 3. Actual: _____

Benefits of the activity:

Areas to be improved:

B. Claim

Amount claimed:

Approved amount per participant: _____

No. of participants: _____

Total amount claimed: _____

For Office Use



I attached herewith the original receipts of the activities.

Signature of Claimant(s)

Date

For Office Use Only

Special comments:

Responsible Staff Date

Reviewed by:

Amount Paid: HK\$ _____