

STUDENT SUCCESS AND SUPPORT PROGRAM PLAN AND STUDENT EQUITY PLAN Resource Allocation Proposal 2015-16

Originator:	Date Submitted
Program or Department Name:	
Lead for Implementation:	Campus:
Project Start & End Dates:	
Departments for Coordination:	
Total Amount Requested:	
One Time Funding	
Please describe your request.	

1 Student Success and Support Programs 5 Program Review 2 Technology Plan 6 Educational Master Plan 3 Action Plan 7 (List other planning document) Briefly demonstrate how your request is supported by the planning documents listed above:	proposal	e applicable planning document below that su does not qualify for funding. (Select all that a	apports your request. If items 1 and/or 4 are not applicable, thapply):
3 Action Plan 4 Student Equity Plan 7 (List other planning document)			
3 Action Plan 4 Student Equity Plan 7 (List other planning document)	2	Technology Plan	6 Educational Master Plan
4 Student Equity Plan			
Briefly demonstrate how your request is supported by the planning documents listed above:	4	Student Equity Plan	(List other planning document)

Name (Print)	
Signature	Date
Director's Signature	Date
Dean's Signature	