



Student Technology Fee Application for Funding

Project Facilitator Information

Project Facilitator: _____ Date: _____

Department/Group: _____

Role/Job Title: _____

Phone: _____ E-mail Address: _____

Project Information

Project Name: _____

Project Description: _____

What percentage of students will benefit from project? _____ What group of students will benefit? _____

Will project require ongoing funding? YES NO

If yes please explain how future costs will be budgeted. _____

Do renovations need to be completed? YES NO If so are they included in your project quote? YES NO

Where will the equipment be located?

Project Quote

Company: _____ Phone: _____

Address: _____ Contact Name: _____

Quote Details: (May be submitted on separate sheet) _____

Submit Applications to:

Karen Keiller, Chair of Student Technology Fee Committee
Ward Chipman Library Building, Room 108
kkeiller@unb.ca
Phone: 506 648-5704
Fax: 506 648-5701