



Proposal for CAS Activity

This form **MUST** be signed and attached to the Self-Evaluation form.

***Required only for unusual activities, activities for religious or for-profit organizations or all unsupervised activities.** [When in doubt, fill it out!]

Date _____ CAS Advisor _____

Student's Name _____ ID # _____

Estimated hours for this activity _____ Proposed dates of activity _____

Place where activity will be performed _____

On-site contact person if applicable _____

Type of Activity: _____ Creativity _____ Action _____ Service

Describe the proposed activity including name of sponsoring organization if applicable.

Define how this activity will fulfill the *Aims & Learning Outcomes* associated with Creativity, Action and Service. (Be specific!)

Explain how you will provide evidence for this activity:

CAS Advisor Approval Signature _____ Date _____