

Alumni Chapter Name: _____

President Full Name: _____

Email Address: _____ Phone Number: _____

Activity Details: _____

Date: _____ Location: _____

Proposed Attendance Numbers: _____

How will this activity benefit the Alumni Chapter and/or Ghent University? _____

Estimated total cost of activity: _____ Estimated revenues (if charging for tickets): _____

Have you investigated sponsorship opportunities with local businesses? Please detail: _____

Amount requested from International Alumni Office: _____

Other information to support grant application: _____

Ghent University will only process payments direct to third party providers upon receiving a correct invoice with VAT number.

Signature: _____ Name: _____ Date: _____

Please submit completed form to the International Alumni Relations Coordinator via email only alumni.abroad@ugent.be