



THE UNIVERSITY OF ARIZONA  
**BookStores**

## Student Participation Incentive Plan

**Date:**

**Department Name:**

**Department Org Code:**

**Account #:**

**Fiscal Officer/Delegate Name:**

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***Fiscal Officer/Delegate Signature***

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***Date***

**Department Approver Name:**

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***Department Approver Signature***

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***Date***

**Purpose of Plan:** *(Explanation of the planned student participation activity/event/survey, etc.)*

**Desired Outcome:** *(Goal of plan - Gain information, engage students outside the classroom, encourage collaboration, etc.)*

**Incentive Items to be distributed and distribution method:** *(Description, Quantity, Dollar value and Distribution Process)*

**Note:** Department acknowledges that if gift cards are used as incentives that the Operational Advance Policy will be followed.