

 Lemery Colleges A. Bonifacio St. Bagong Sikat, Lemery, Batangas		DATE FILED (mm/dd/yyyy)	
COLLEGE DEPARTMENT ACTIVITY REQUEST AND APPROVAL FORM		<input type="checkbox"/> Initial Request <input type="checkbox"/> Revised Request <input type="checkbox"/>	
Fill in all applicable spaces. Mark all appropriate boxes with a check mark			
I. REQUESTING OFFICE		VIII. REQUIREMENTS	
1. REQUESTING OFFICE <input type="checkbox"/> College <input type="checkbox"/> Department <input type="checkbox"/> Student Organization		1. DOCUMENTARY CHECKLIST ___ Request Letter ___ Letter of Invitation ___ Program of Activity ___ List of Participants ___ Parents' Consent (for students) ___ Health and Safety Plan ___ Service Provider Contract ___ Projected Income and Expenses ___ Approval of Faculty Needed ___ Approval of Department Head ___ Approval of Dean Needed ___ Others (please specify) _____	
2. NAME OF REQUESTING OFFICE			
II. ACTIVITY			
1. NAME/TITLE/THEME/OF ACTIVITY			
2. TYPE OF ACTIVITY			
<input type="checkbox"/> Regular Activity <input type="checkbox"/> Academic Activity <input type="checkbox"/> In-campus Activity <input type="checkbox"/> Official Activity <input type="checkbox"/> New Activity <input type="checkbox"/> Non-academic Activity <input type="checkbox"/> Off-campus Activity <input type="checkbox"/> Unofficial Activity			
3. OBJECTIVE OF ACTIVITY		<input type="checkbox"/> Personal/Character Development <input type="checkbox"/> Professional/Career Development <input type="checkbox"/> Community Outreach	
4. SCHEDULE OF ACTIVITY			
A. DATE/S (mm/dd/yyyy)		B. DAY/S	
		<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
C. TIME START	D. TIME END	E. VENUE	
FOR OFF-CAMPUS ACTIVITY			
A. Departure Time	B. Arrival Time	C. Transportation	
III. BUDGET INFORMATION		IX. BUDGET	
1. Institution Funding		2. Source of Fund	
Required? <input type="checkbox"/> YES <input type="checkbox"/> NO		3. Budget Amount	
IV. JUSTIFICATION		___ Amount fully available ___ Amount partially available up to Php _____ ___ Amount can be charged to _____	
1. RATIONALE OF ACTIVITY			
2. BENEFICIARIES OF ACTIVITY			
V. PARTICIPANTS		X. POST ACTIVITY REQUIREMENTS	
1. LIST OF PARTICIPANTS		1. DOCUMENTARY CHECKLIST	
<input type="checkbox"/> Faculty <input type="checkbox"/> Students <input type="checkbox"/> Student Organization		___ Evaluation Report ___ Financial Report ___ Minutes of the meeting ___ Participants Attendance Sheet ___ Documentation (Article with photos) ___ Others _____	
2. OTHER PARTICIPANTS (attach the list)			
VI. REQUESTOR AND ENDORSEMENT FOR APPROVAL		DUE DATE	
1. REQUESTOR (Signature over Printed Name/Position)			
2. ORGANIZATION ADVISER/DEPT. HEAD			

DATE:				DATE:				XI. SPECIAL REQUIREMENTS		
3. STUDENT ACTIVITY COORDINATOR				4. STUDENT SERVICES HEAD						
				MR. MICHAEL A. MENDOZA, Rpm, CHRA				XII. ACCOMPANYING FACULTY		
DATE:				DATE:				NAME OF FACULTY		
VII. APPROVAL										
1. COLLEGE DEAN/SCHOOL ADMINISTRATOR				2. VICE PRESIDENT/TREASURER						
MRS. LOVELITA D. DE RAMOS				MRS. FILOMENA M. HERNANDEZ						
DATE:				DATE:				DEPARTMENT		
3. SCHOOL PRESIDENT/VP FOR ACADEMIC AFFAIRS								SIGNATURE OF FACULTY (Approval)		
DR. LYRA CRIZELLE M. HERNANDEZ, LPT										
DATE:										
								<i>(Attach the list of affected classes)</i>		