



REQUEST FOR

☐ OVERNIGHT STAY

☐ PERMISSION TO CONDUCT AN ACTIVITY

Requesting Organization: _____

Name of Requesting Person: _____

Name of Adviser (if any): _____

Title/ Nature of Activity: _____

Date of stay/activity/period: _____

Venue: _____

PLEDGE

We, the requested party/ies do hereby pledge to follow all the Rules and Regulation governing overnight stay/conduct activity within the University premises contained in the Student Handbook and other guidelines pertinent on the said approved request.

Furthermore, we also pledge the violation/s on our part of any provision/s in the guidelines will be our responsibility.

Head of Organization
(Signature Over Printed Name)

ACTION TAKEN

Recommending Approval:

CHERYL JOYCE D. JURADO, LPT, MEM
Head, Student Affairs and Services

Approved by:

MARGARITA T. SEVILLA, PhD.
Campus Director