

REVISION NO.:	04
REVISION DATE:	Sept. 16, 2024



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ACTIVITY INFORMATION AND CONSENT

IMPORTANT INFORMATION

- THIS FORM SHOULD BE FILLED OUT BY THE PROPONENT(S) OF THE SERVICE-LEARNING AND COMMUNITY ENGAGEMENT INITIATIVE. THIS FORM SHOULD BE DULY ACCOMPLISHED BEFORE THE ACTUAL CONDUCT OF THE FIELDWORK ACTIVITY RELATED TO A SERVICE-LEARNING OR COMMUNITY ENGAGEMENT INITIATIVE. USE THE SPACE PROVIDED FOR REMARKS
- TO INDICATE SPECIAL INSTRUCTIONS / REQUESTS / IMPORTANT INFORMATION / REQUIREMENTS BY CONCERNED INDIVIDUALS.

TITLE OF SERVICE-LEARNING / COMMUNITY ENGAGEMENT INITIATIVE	Mapúa MCL Green Initiative: Tree Growing for a Sustainable Future	
DATE(S) AND TIME(S) OF THE ACTIVITY	August 8, 2025, 5:00 AM	
LOCATION	Cavinti, Laguna	
FACULTY / EMPLOYEE / FACILITATOR-IN-CHARGE	Belen S. Ladesma	
DESCRIPTION OF THE ACTIVITY	The College of Computer and Information Science, in collaboration with Office for Strategic Planning and Global Engagement and Mapúa Malayan Kalikasan, is holding a tree growing community engagement event at the municipality of Cavinti, Laguna. The goal of this event is to encourage the students of Mapúa MCL to give back to the nature by helping sustain the environment through tree growing. The event will take place on August 8, 2025 7am at Cavinti, Laguna. With a target of 60 participants, we are looking forward to place and grow 500 seedlings.	
SUSTAINABLE DEVELOPMENT GOAL(S) Please indicatethetargetedSDGnumber(s)and goal(s). sdgs.un.org/goals	 SDG 13 - Climate Action SDG 15 - Life on Land SDG 17 - Partnership for the Goals 	
REMARKS		
SIGNATURE OVER PRINTED NAME OF STUDENT (includecourseandsectionforSL / NSTP activities)	Althea Kim Pangilinan	

I, the undersigned, have reviewed all of the above information and have approved of the details and itinerary. I am aware of the risks inherent in participating in the activity. I hereby give my permission for my son/daughter to participate in this activity.

SIGNATURE OVER PRINTED NAME OF PARENT / GUARDIAN AND DATE SIGNED	Lilibeth Pangilinan	CONTACT DETAIL(S) OF PARENT / GUARDIAN	09397416349
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SIGNATURE OVER PRINTED NAME OF **PARENT** GUARDIAN AND **DATE SIGNED**

COPY: (1) PARENT OR GUARDIAN; (2) CSCE

Lilibeth Pangilinan

CONTACT DETAIL(S) OF PARENT / GUARDIAN

09397416349

CSCE-FORM-040AB-01

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COPY: (1) PARENT OR GUARDIAN; (2) CSCE