



Activity Proposal Form

Name of Student Organization: _____

Name of Adviser: _____

Activity Number: _____

Activity Title: _____

Name of Person-in-Charge: _____ Student ID No.: _____

Contact Number of Person-in-Charge: _____

Target Venue: _____

Target Date and Time: _____

Duration: _____

Number of Student Involved: _____

Target Audience/Participants:

☐ Members only ☐ BulSUans only ☐ Open to the public

Nature of Activity:

☐ Co-Curricular ☐ Extra-Curricular

Objectives of the Activity:

- ☐ Leadership Development and Formation
- ☐ Membership Development and Formation
- ☐ Organizational Program Management
- ☐ Values Enrichment
- ☐ Skills Enhancement
- ☐ Others: _____

Describe how this activity will satisfy the needs of the organization and how it will help the organization achieve its goals:

1. _____
2. _____
3. _____

Name of Partners (if any): _____

Name of Sponsors (if any): _____

(Signature over printed name)
President, Student Organization

(Signature over printed name)
Adviser, Student Organization