



## 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