*Insert header of the college*

**CERTIFICATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the attached requirements for the attendance of the (program and section of students or members of student organization) to (title of activity) on (date of activity) at (venue/destination of activity) are complete and duly checked and verified by the undersigned vis-à-vis CMO No. 63, Series of 2017.

**NAME**

College Dean/Dean of Colleges

Asst. Director for SOA (if applicable)

Date Signed:

**NAME**

Executive Director

Director, OSAS (if applicable)

Date Signed:

*Insert college/office header*

Memo No. \_\_\_

To:

Subject: Designation as Personnel-in-Charge

Date:

Your are hereby designated as Personnel-In-Charge for the local off-campus-activity entitled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_” to be held at \_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

You are expected to assume the following responsibilities as PIC:

Before the activity:

(Enumerate the responsibilities)

During the activity:

(Enumerate the responsibilities)

After the activity:

(Enumerate the responsibilities)

Your utmost care and responsibility of the concerned students is highly required.

**NAME**

College Dean/Dean of Colleges

Republic of the Philippines

**BATANGAS STATE UNIVERSITY**

Batangas City

**LOCAL OFF-CAMPUS ACTIVITIES**

**CERTIFICATE OF COMPLIANCE**

This is to certify that all the processes, procedures and requirements before the conduct of the off-campus activity/ies pursuant to CMO No.63, s. 2017 entitled “Policies and Guidelines on Local Off-campus Activities” have been duly complied with, and that by virtue thereof, we hereby assume full responsibility for the safety and welfare of the students.

**Certified Correct: Recommending Approval:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dr. Erma B. Quinay

Personnel-in-Charge Vice-President for Academic Affairs

**Approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dr. Tirso A. Ronquillo

President of Batangas State University

SUBCRIBED AND SWORN to before me, this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who exhibited to me (his/her) competent proof of identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued at. \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Philippines on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Notary Public

Doc. No. \_\_\_\_;

Page No.\_\_\_\_;

Book No.\_\_\_\_;

Series of \_\_\_\_;

 Reference No.: BatStateU-FO-SOA-03 Effectivity Date: January 3, 2017 Revision No.: 00

**PARENT’S/GUARDIAN’S CONSENT FORM (WAIVER)**

\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

TO ALL CONCERNED:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission for my child/ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of this University, to join the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

With a brief description, to wit:

|  |  |
| --- | --- |
| Name of the Activity |  |
| Date of the Activity/ Academic Year/ Semester |  |
| Date and Estimated Time of Arrival/Departure  a. Arrival  b. Return |  |
| Mode of Transportation |  |
| Board and Lodging, if any |  |
| Place(s) to visit/Location of the Event |  |

Further, as the Parent/Legal guardian, I am full aware that it is the primary responsibility of the Faculty-in-Charge and of the University to supervise the students, I am also aware that the said persons should demonstrate an acceptable standard of care and diligence. Furthermore, I consider their significant responsibility for the safety and risk management when planning, preparing and supervising the activity. However, I also recognize that there may be risks attribute to the activity which can only be avoided through my son’s/daughter’s/ward’s extra diligence and due care, which I fully explained to my son/daughter/ward.

By signing this document, it is understood that my child/ward:

a) Has been properly oriented with all the rules and regulations of the activity attached in this document and that there may be additional rules and instructions that may be given from time to time. It is further understood that he/she must comply with the aforesaid rules, regulations and instructions; otherwise, he/she shall be excluded from further participation.

b) Shall exercise extra care and due diligence in participating in the activity; its consequences are fully understood by him/her.

If in case that he/she is on the age of majority, he/she shall be made answerable for any and all liabilities for damages to property or injury to himself/herself, to the University or its representatives and/or to third persons which may be occasioned by his/her intentional or negligent act while in the course of the implementation of the program.

If in case that he/she is a minor, I, as the parent/legal guardian will take full accountability on any and all liabilities occasioned by his/her intentional or negligent act while in the course of the implementation of the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s signature over printed name

Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conforme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s signature over printed name)

Name of Faculty-in-Charge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Republic of the Philippines**

**COMMISION ON HIGHER EDUCATION**

**LOCAL OFF-CAMPUS ACTIVITIES**

**REPORT OF COMPLIANCE**

**Batangas State University Region IV-A**

**Pablo Borbon Main Campus II, Alangilan, Batangas**

**BASIC INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROGRAM NAME** | **COURSE** | **DESTINATION/S AND VENUE** | **INCLUSIVE DATES** | **NUMBER OF STUDENTS** | **LIST OF PERSONNEL-IN-CHARGE** |
|  |  |  |  |  |  |

**REPORT BEFORE THE ACTIVITY:**

|  |  |  |
| --- | --- | --- |
| **ACTIVITIES** | **COMPLIANCE** | |
| **YES/NO** | **REMARKS** |
| 1. Curriculum Requirement |  |  |
| 1. Destination |  |  |
| 1. Handbook or Manual |  |  |
| 1. Students  Consent of the Parents/Guardians  Medical Clearance of the Students |  |  |
| 1. Personnel-in-Charge |  |  |
| 1. First Aid Kit |  |  |
| 1. Fees/Funds |  |  |
| 1. Insurance |  |  |
| 1. Mobility of Student(Vehicles)  Owned by Batangas State University  Third Party or Subcontracting  Franchisee/Travel Agency/Tour Operator |  |  |
| 1. LGUs/NGUs |  |  |
| 1. Activities  Orientation to Students  Consultation  Announcements  Briefing before the Trip  Learning Journals  Emergency Preparedness Plan |  |  |

**Certified Correct: Recommending Approval:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dr. Erma B. Quinay**

**Personnel-in-Charge Vice President for Academic Affairs**

**Reviewed by: Approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dr. Tirso A. Ronquillo**

**Dean or Program Head President of Batangas State University**

Reference No.: BatStateU-FO-GSO-03-A Effectivity Date: January 3, 2017Revision No.: 00

Republic of the Philippines

**BATANGAS STATE UNIVERSITY**

Batangas City

**Title: AUTHORITY TO TRAVEL**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/s of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Places to be visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chargeable against: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature over Printed Name**

Designation

Recommending Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF EXECUTIVE DIRECTOR/VICE PRESIDENT**

Executive Director/Vice President for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DR. TIRSO A. RONQUILLO**

University President

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Reference No.: BatStateU-FO-GSO-04-A | | Effectivity Date: January 3, 2017 | | | | Revision No.: 00 | |
| Title: | **REQUEST FOR THE USE OF OFFICIAL VEHICLE** | | | | | | | |
| Department/ Office: | |  | | | | | | |
| Date/s of Travel: | |  | Time of Departure: |  | | Time of Arrival: | |  |
| Vehicle to be Used: | |  | Plate Number: | | |  | | |
| Designated Driver: | |  | License Number: | | |  | | |
| Destination: | |  | | | | | | |
| Nature and Purpose of Travel: | |  | | | | | | |
| Official Passengers: | | 1. | 5. | | 9. | | | |
| 2. | 6. | | 10. | | | |
| 3. | 7. | | 11. | | | |
| 4. | 8. | | 12. | | | |
|  | | | | | | | | |
| Prepared/ Requested by:  **Signature over Printed Name**  (Designation/ Position)  Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Recommending Approval:  **NAME OF EXECUTIVE DIRECTOR/VICE PRESIDENT**  Executive Director/Vice President for \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Approved:  **DR. TIRSO A. RONQUILLO**  University President | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\KC Tejada\Desktop\bsu seal.png | Reference No.: BatStateU-FO-REQ-09 | | | Effectivity Date: September 21, 2017 | | | | | | | Revision No.: 01 |
| Title: | **REQUEST FOR THE CONDUCT OF LOCAL OFF-CAMPUS ACTIVITIES** | | | | | | | | | | |
| College/ Department: | |  | | | | | | | | | |
| Campus: | |  | | | | | | | | | |
| Proposed Date: | |  | | | | Expected No. of  Student Participants: | | | |  | |
| Participants | | Pre-elementary Senior High School  ElementaryCollege  Junior High School | | | | | | | | Are chaperones required?  Yes No | |
| Major Objective/s (Please state briefly): | |  | | | | | | | | | |
| Proposed Itinerary: | | **Place** | | | | | | **Time/ Duration** | | | |
|  | | | | | |  | | | |
|  | | | | | |  | | | |
|  | | | | | |  | | | |
|  | | | | | |  | | | |
| Courses/Subjects where activity is related: | |  | | | | | | | | | |
| Specific Topics relevant to the activity: | |  | | | | | | | | | |
| Total No. of Faculty Required to Participate: | |  | Name of Faculty-in-Charge/ Focal Person | | | | | |  | | |
| Total Amount of Fees to be paid by each Student for the Activity: | | | | | **Php** | | | | | | |
| Total Fees to be paid by each Chaperone for the Activity, if applicable: | | | | | **Php** | | | | | | |
|  | | | | | | | | | | | |
| Requested by:  **NAME**  Position/ Designation | | | | | | | Certified that the trip is necessary, the fees are reasonable and the itinerary meets the activity’s objectives:  **NAME OF DEAN / IS DIRECTOR**  Position/ Designation | | | | |
| All documents required by CHED fully  complied with  **NAME**  Executive Director | | | | | | | Recommending Approval:  **NAME**  Vice President for Academic Affairs | | | | |
| Approved:  **NAME**  University President | | | | | | | Remarks: | | | | |