**SIGNATORIES for STUDENT ACTIVITIES**

**College-based Activities**

Requested by: President, Organization Adviser, Organization

Noted by: Dean

Recommending Approval : Asst. Director, SOA

Director, OSAS

Executive Director

Approval: VPAA

**Campus-based Activities**

Requested by: President, Organization Adviser, Organization

Recommending Approval : Asst. Director, SOA

Director, OSAS

Executive Director

Approval: VPAA

**University-wide Activities**

Requested by: President, Organization Adviser, Organization

Recommending Approval: Asst. Dir., SOA

Director, OSAS

VPAA

Approval: University President

**NOTE:**

1. The letter is addressed to the University President if the activity is

\* beyond 10:00 pm

\*held outside the campus

2. For programs/activities that include religious practice like mass/religious service, the letter shall be

noted by the Asst. Director of Multi-faith Services

*Lifted from SOA Policies and Guidelines*

3. ALL requests for student activities shall have checklist of requirements

Prepared by:

Assoc. Prof**. ELEONOR E. SEPILLO**

Asst. Dir. Student Organizations and Activities

Reviewed by:

Dr. **LUCILLE D. EVANGELISTA**

Director, OSAS

Dr. **ERMA B. QUINAY**

VPAA

Approved:

Dr. **TIRSO A. RONQUILLO**

University President

**SIGNATORIES for STUDENT ACTIVITIES**

**For Extension Campuses**

**College or Campus-based Activities**

Requested by: President, Organization

Adviser, Organization

Recommending Approval : Head, SOA

Dean/ Dean of Colleges

Approval: Executive Director

**University-wide Activities**

Requested by: President, Organization

Adviser, Organization

Recommending Approval : Asst. Dir., SOA

Director, OSAS

VPAA

Approval: University President

**NOTE:**

1. The letter is addressed to the University President if the activity is

\* beyond 10:00 pm

\*held outside the campus

2. For programs/activities that include religious practice like mass/religious service, the letter shall be

noted by the Asst. Director of Multi-faith Services

*Lifted from SOA Policies and Guidelines*

3. ALL request for student activities shall have checklist of requirements

Prepared by:

Assoc. Prof**. ELEONOR E. SEPILLO**

Asst. Dir., SOA

Reviewed by:

Dr. **LUCILLE D. EVANGELISTA**

Director, OSAS

Approved by:

Dr. **ERMA B. QUINAY**

VPAA

**Checklist of Requirements**

**CHED Memorandum Order No. 63, Series of 2017**

**Local Off-Campus Activities**

Title of Activity:

Date of the Activity:

Venue of the Activity:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A.** | **Before the Off-Campus Activity** | | Complied | | Remarks |
| Yes | No |
|  | **REQUIREMENTS** | **PROOFS** |  |  |  |
| **a.1.1 Curriculum** | |  |  |  |  |
| The curriculum should include the off-campus activity with corresponding unit credits and time-allotment whether lecture or laboratory hours, specifying course title and unit credits | | Course Syllabus which reflects the relevance of requiring an educational tour and field trip |  |  |  |
| **a.1.2 Destination**  As much as practicable, destination of off-campus activities should be near the concerned HEI in order to minimize cost. CMO No. 11, s. 1997 entitled *Enjoining All Higher Education Institutions (HEIs) in the Country to Make, Insofar as Practicable, All Registered Museums and Cultural Sites and Landmarks as Venues for Educational Tours and Field Trips and Subject for Studies and Researches* may serve as guide for the places that may be visited among others, registered museums, cultural sites and landmarks that should be in line with the objectives of the off-campus activity.  The destination and schedule should be relevant to the subject matter. | | Appropriate report |  |  |  |
| **a.1.3 Handbook / Manual**  The requirements and guidelines of the conduct of local-off campus activities should be updated and be included in the students’ handbook or manual. | | Handbook or Manual |  |  |  |
| **a.1.4 Consent of the Parents or Student’s Guardian** | | Duly notarized / subscribed consent |  |  |  |
| **a.1.5 Medical Clearance of Students** | | Medical clearance of the students, if appropriate duly signed by the HEI or government Physician |  |  |  |
| **a.1.6 Personnel-In-Charge**  The designated personnel-in-charge must be an employee of the institution and must have the appropriate qualifications and experiences related to off-campus activities. When necessary, *identify overall leader from among the personnel-in-charge.*With appropriate first-aid and medical emergency training. | | Designation or order from the Administration indicating personnel-in-charge’s role and responsibilities before, during and after off-campus activities.  Relevant certificate on first-aid training |  |  |  |
| **a.1.7 First Aid Kit**  The HEI should provide a complete first-aid kit. | | First-aid kit |  |  |  |
| **a.1.8 Fees/Fund Source**  The fees to be collected from the students must be duly approved and disseminated to concerned stakeholders. | | Duly approved schedule of fees |  |  |  |
| There should be a breakdown o fund sources and other resources properly secured and accounted for. | | Appropriate Report |  |  |  |
| **a.1.9 Insurance**  The HEI should provide (individual or group) provision for students, faculty and other concerned stakeholders, for the purpose of the activity. | | Proof of insurance provision |  |  |  |
| **a.1.10 Mobility of Students**  a.1.10.1 Owned by HEI | | Updated/valid documents pertaining to registration, insurance coverage, driver’s license, assurance of roadworthiness, among others. |  |  |  |
| a.1.10.2 Third party or sub-contracting | |  |  |  |  |
| a.1.10.2.1 Franchisee | | * Certification from LTFRB for the validity of the franchise of the proposed operator (i.e. legitimate, current and up-to-date), if applicable. * Special Permit from LTFRB if transportation is out-of-line. * Updated/valid documents pertaining to registration, insurance coverage, driver’s license, assurance of roadworthiness, etc.. |  |  |  |
| a.1.10.2.2 Travel and Tour Operator  In cases where the service of Travel and Tour Operator is used, it should be duly accredited by the DOT.  If applicable, the HEI must engage an accredited tourist transport vehicle and/or tourist guide with the appropriate permits. | | * Copy of Travel and Tour Operator Accreditation Certificate by the DOT * Duly approved Plan/Itinerary of travel by the HEI * Certification from the LTFRB for the validity of the franchise of the proposed operator (i.e. legitimate, current and up-to-date if applicable. * Vehicles’ updated/valid documents pertaining to registration, insurance coverage,, driver’s license, assurance or roadworthiness, etc. |  |  |  |
| **a.1.11 LGUs/ NGOs** | |  |  |  |  |
| The HEI should duly coordinate with appropriate LGUs/NGOs.  Whenever necessary for the safety and convenience of the touring party, advance and proper coordination with the local government units with acknowledged letter from the concerned government agency shall be secured before the scheduled dates of the activity | | * Copy of the letter sent to the LGUs * Copy of acknowledgement letter from the LGUs |  |  |  |
| **a.1.12 Activities** | |  |  |  |  |
| a.1.12.1 General orientation to students | | Minutes and attendance of the briefing and consultation conducted to concerned students, faculty, and stakeholders |  |  |  |
| a.1.12.2 Consultation to the concerned students, faculty and stakeholders with attached minutes of consultation and attendee’s signature | |  |  |  |  |
| a.1.12.3 Announcement to students, faculty and parents of the activity one (1) or two (2) months before the scheduled date of the conduct of off-campus activities | | * Letters to parents, students and adult companion preferably faculty * Appointment with conforme of Personnel-in-charge |  |  |  |
| a.1.12.4 Briefing to concerned faculty and students and provide the needed info materials before the trip. | | * Itinerary * Handy information materials for students |  |  |  |
| a.1.12.5 Learning Journals for Students | | Standard format of learning journals given to students |  |  |  |
| a.1.12.6 Emergency Preparedness Plan to be given to students and stakeholders | | Appropriate report |  |  |  |
|  | | | | | |
| **B. During the off campus activity** | | | **Complied** | | **Remarks** |
| **Yes** | **No** |
| a.2.1 Personnel-In-Charge, identify overall leader (when necessary) with the following tasks: | | List of personnel or attendance |  |  |  |
| a.2.1.1 Accompany the students from the time they assemble for the off-campus activity up to debriefing. | | List of personnel and/or attendance |  |  |  |
| a.2.1.2 Ensure the provision of the allowable seating capacity of the vehicle/s used.  (No student shall be allowed to ride on the roof of motor vehicle or on the boarding platform) | | Contract of service with the third party |  |  |  |
| a.2.1.3 Ensure that program of activities is properly followed as planned or activities can be adjusted as the need arises. | |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. After the off-campus activity** | | **Complied** | | **Remarks** |
| **Yes** | **No** |
| a.3.1 Learning journals of students | Appropriate report/grades |  |  |  |
| a.3.2 Assessment Report/Evaluation Report | Assessment report by faculty including the breakdown of expenses |  |  |  |
| a.3.3 Expenditure report | Breakdown of expenses |  |  |  |
| a.3.4 Debriefing of concerned faculty to students to be able to assess acquisition of learning | Report on debriefing program conducted |  |  |  |

*Adopted from CHED Memorandum Order No. 63, series of 2017*

Prepared by: Checked by:

**Organization President Organization Adviser**

Verified by: Certified by:

**SOA Coordinator SOA Head**

Note: Attach *Request for the Conduct of Local Off-Campus Activity* (ISO Form)

**Checklist of Requirements/Attachments**

**\*Policies and Guidelines on In-Campus Activities** \*

Title of Activity:

Date(s) of the Activity:

Venue of the Activity:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A.** | **Before the Campus Activity** | | Complied | | Remarks |
| Yes | No |
| 1. Program | | Program/Schedule of activities |  |  |  |
| 2. Budget Proposal | | Prepared by the organization president, noted by the organization adviser |  |  |  |
| 3. Resolution of the Organization | | About fees (if necessary) There should be a breakdown of fund sources and other resources properly secured and accounted for. |  |  |  |
| 4. Copy of the Approved plan of  Activities | | The plan of activities submitted in the renewal/recognition. The same copy will be provided every request of activity |  |  |  |
| 5. Parent’s or Guardian’s Consent  (Waiver) | | Duly notarized (If the activity is scheduled on weekends or beyond 10:00 pm) |  |  |  |
| 6. Minutes and Attendance of the  meeting | | Briefing and consultation conducted to officers/students/faculty |  |  |  |
| 7. Faculty-In-Charge  *(Faculty / Org Adviser)* | | Duties and Responsibilities of Faculty-In-Charge (Designation or order from the Dean indicating personnel-in-charge’s role and responsibilities before, during and after the activity; signed CONFORME of Faculty-In-Charge) |  |  |  |
| For Physical Activities (e.g. Sports feast, Team Building, etc.) | | |  |  |  |
| 8. Medical Certificate | | Proof that student participants are physically fit |  |  |  |
| 9. First Aid Kit | | To be requested from the infirmary |  |  |  |
| 10. Insurance | | Proof of insurance provision |  |  |  |
| 11. Emergency Preparedness Plan to be given to students and stakeholders | | Prepared by the Adviser or Faculty-in-charge |  |  |  |
| 12. Others (Please Specify) | |  |  |  |  |

Prepared by: Checked by:

**Organization President Organization Adviser**

Verified by: Certified by:

**SOA Coordinator SOA Head**

**DUTIES AND RESPONSIBILITIES OF FACULTY IN-CHARGE**

Off-Campus Activity/ In-Campus Activity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of faculty-in charge)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Campus)

You are hereby designated as person in-charge of the activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title or Name of the activity) to be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of the activity) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Place of the activity)

The following are your duties and responsibilities: (Depending on the activity; these are examples. You may add or delete the given examples)

BEFORE the activity:

* Provides assistance in planning the activity by checking the programme and the flow of activities
* Assists the officers and members in disseminating the planned activity to the participants of the event
* Ensures that the (activity; e.g. team building activity/seminar, etc) is included in the Plan of Activities submitted to the OSAS
* Conducts a meeting with the officers regarding the activity
* Orients all the students about the schedule and the details of the activity
* Ensures that the mode of transportation as well as the venue for the event are in good condition
* Provides the necessary precautionary measures by giving the DO’s and DON’Ts of the activity

DURING the activity

* Provides communication to the participants in going to the venue by assigning a leader for every group and maintain contact with them
* Ensures that all students will attend and comply with the scheduled activities
* Ascertain the safety of the participants upon arrival at the venue
* Monitors the students’ activities and

AFTER the activity

* Conducts evaluation/ assessment of the activity by distributing evaluation forms
* Discusses with the officers the result of the evaluation and the financial aspects of the activity
* Prepares a narrative report with documentations of the activity
* Check the attendance of the participants before leaving the venue
* Ensure that students went home safe and sound

Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Dean/ Dean of Colleges)

Signature over Printed name

Designation

Conforme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of faculty-in-charge)

Signature over Printed name

Designation