**PROJECT PROPOSAL**

|  |  |
| --- | --- |
| **Project Organizer:** |  |
| **Support:** | College of Nursing |
| **Project Title:** | TEST |
| **Lead Facilitator:** |  |
| **Rationale:** |  |
| **Objectives:** |  |
| **Intended Learning Outcomes:** |  |
| **Budget Requirements:** |  |
| **Source of Budget:** |  |
| **Mechanics:** |  |
| **Schedule:**  **Venue:** |  |

Prepared: Noted:

**<Name> <Name>**

CSC President Adviser

**<Name>**

SSC President

Recommending Approval:

**<Name>**

OIC-College Dean/ Principal

Approved:

**ANGELO A. BALTAZAR**

Officer-in-Charge, Office of Student Affairs

**LARRY R. GARCIA**

Office-in-Charge, Center for Performing Arts Organization

**DR. CARLITO S. ANTONIO**

Vice President for Academic Affairs

**PROF. LEAN HAPPIE L. BUSTAMANTE**

Executive Vice-President/ Student Services