



ILIGAN MEDICAL CENTER COLLEGE

San Miguel Village, Pala-o, Iligan City
Tel no. (063)221-4661 local 1112 or 1101
http://www.imcc.edu.ph

Student Affairs and Services Office



SAS FORM 14-A
Co-Curricular Activities

Date: _____

STUDENT ACTIVITY FORM

Activity: _____

Number of Participants: _____

Objectives: _____

Date of Implementation: _____ Time: _____

Venue: _____

Organization/Sponsor: _____

Amount of Contribution per Student: _____

Person/s in-charge: _____

Please Reserve the following: Venue: () _____
() ___ Sound System () ___ Microphone
Others please specify: _____

Submitted by: _____
Signature over Printed Name

Position: _____

Noted by: _____
Adviser/Department Head

Head, Student Affairs

Approved: _____
ODAA/ Comptroller

President

Reservation Reviewed by: _____
Property Custodian