**ST. ANNE COLLEGE LUCENA, INC.**

**This form must be submitted to the Office for Student Affairs seven (7) working days before the date of activity**

**APPLICATION FOR OFF-CAMPUS ACTIVITY**

DIVERSION RD., BRGY. GULANG-GULANG LUCENA CITY

**OFFICE OF THE STUDENT AFFAIRS**

NAME OF ORGANIZATION/COLLEGE/FACULTY/INSTITUTE/YEAR AND SECTION:

CONTACT PERSON : CONTACT NUMBER:

TOTAL NUMBER OF EXPECTED PARTICIPANTS :

TYPE/TITLE OF THE PROGRAM/PROJECT/ACTIVITY :

OBJECTIVE(S) OF THE ACTIVITY :

DATE OF THE ACTIVITY : TIME :

LOCATION (Complete Address):

***(For Curricular, Co-curricular and Extra-curricular Activities)***

PREPARED BY:

SIGNATURE OF ORGANIZATION PRESIDENT OVER PRINTED NAME DATE

NOTED BY:

SIGNATURE OVER PRINTED NAME OF THE ADVISER DATE

SIGNATURE OVER PRINTED NAME OF THE DEAN DATE

(TO BE FILLED-OUT BY THE ADVISER/S)

**THIS IS TO CERTIFY THAT THE UNDERSIGNED WILL ACCOMPANY THE STUDENTS FOR THE DURATION OF THE AFOREMENTIONED ACTIVITY.**

**SIGNATURE OVER PRINTED NAME OF THE DEAN SIGNATURE OVER PRINTED NAME OF THE ADVISER**

**(For *Community Service Activity*)**

SIGNATURE OVER PRINTED NAME OF THE ORAGNIZATION PRESIDENT DATE

SIGNATURE OVER PRINTED NAME OF THE COMMUNITY DEVELOPMENT COORDINATOR DATE

**\*Attachments: (For Strict Compliance)**

* Cover Letter addressed to the **Director, Student Personnel Services**
* Concept Paper (Project Title, Rationale, Objectives, Description, Duration, Propose Budget/Tour Package/Joining fee)
* Map/Sketch of the venue site or Location
* Itinerary & Program (Call Time, Activity Flow)
* List of Participants
* Waivers

**\*(May be submitted seven (7) working days before the scheduled off-campus activity)**

NOTED BY:APPROVED BY:

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**MR. AIZON BENEDICT Q. ELLA** **DR. NELSON E. DEAN**

COORDINATOR, STUDENT ORGANIZATION AND ACTIVTIESDIRECTOR, STUDENT PERSONNEL SERVICES

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE :