OFF-CAMPUS ACTIVITY

PRE-DEPARTURE ORIENTATION MEETING

Date/Time: _____ Venue: _____

Name of Activity: _____

Date of Departure: _____ **Date of Return:** _____

Itinerary: _____

_____

_____

_____

Agenda for Discussion

1. What to expect
    a. Nature and Relevance of Activity
    b. Places and People
    c. Participants' Output

2. What to bring
    a. Personal
        i. Clothing
        ii. Medical
        iii. Personal Hygiene
    b. Financial
        i. Pocket Money
        ii. Registration Fee
        iii. Accommodation
        iv. Transportation
    c. Activity Requirements

3. Risk Assessment

4. Emergency Protocol

5. Do's and Don'ts

6. Post Activity Requirements

    a. Liquidation
    b. Accomplishment Report
    c. Participants' Output