RPepublic of the Philippines
Office of the President
COMMISSION ON HIGHER EDUCATION

LOCAL OFF-CAMPUS ACTIVITIES

REPORT OF COMPLIANCE

NAME OF HEI: _____ **REGION:** _____
ADDRESS: _____

BASIC INFORMATION:

PROGRAM NAME	COURSE	DESTINATION/S AND VENUE	INCLUSIVE DATES	NUMBER OF STUDENTS	LIST OF PERSONNEL-IN-CHARGE

REPORT BEFORE THE ACTIVITY:

ACTIVITIES	COMPLIANCE	
	YES/NO	REMARKS
1. Curriculum Requirement		
2. Destination		
3. Handbook or Manual		
4. Students' Consent of the Parents/Guardians Medical Clearance of the Students		
5. Personnel-In-Charge		
6. First Aid Kit		
7. Fees/Funds		
8. Insurance		
9. Mobility of Student (vehicles) Owned by the HEI Third Party or Subcontracting Franchisee/Travel Agency/ Tour Operator		
10. LGUs/NGOs		
11. Activities Orientation to students Consultation Announcements Briefing before the trip Learning Journals Emergency Preparedness Plan		

Certified Correct:

_____
Personnel-In-Charge

Recommending approval:

_____
Vice President for Academic Affairs

Reviewed by:

_____
Dean or Program Head

Approved by:

_____
President/Head of HEI/Authorized Representative