Republic of the Philippines
BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY
City of Naga
Telephone No. (054) 8812231

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

STUDENT DEVELOPMENT SERVICES OFFICE

REQUEST TO CONDUCT IN-CAMPUS ACTIVITY

TITLE OF ACTIVITY:	
Nature of the Activity:	
Venue: *(Make separate request to the President through the Offices in Charge for the use of facilities)*	Date of the Activity: Time:
No. of Participants:	Sponsoring Organization/Class:
Objectives of the Activity:	

I HEREBY CERTIFY THAT THIS ACTIVITY is necessary to provide students new avenue of knowledge and experiences. Report of this activity and liquidation of expenses (if any) shall be made available to students after the conduct of the activity.

_____	_____	_____	_____
Person-in-Charge	Designation	Person-in-Charge	Designation

Noted:

_____
Instructor /Adviser

RECOMMENDING APPROVAL:

_____	_____
Dean	Student Affairs Moderator

Remarks:

_____
Director , Student Development Services

Remarks:

☐ APPROVED
☐ DISAPPROVED

Attachments:

☐ Proposed Program/Invitation
☐ Proposed Budget
☐ Instructor/Adviser's Acceptance of Responsibility
☐ Parent's Consent