Republic of the Philippines
**BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY**
City of Naga
Telephone No. (054) 4720416 Loc. 128
Fax No. (054) 4720415

**OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS**

## STUDENT DEVELOPMENT SERVICES OFFICE

# REQUEST TO CONDUCT OFF-CAMPUS ACTIVITY

### Pre-Compliance Approval Sheet

| | |
|---|---|
| **Participant Details:** | **Number of Students/PICs:** |
| **Title of Activity:** | |
| **Dates:** | **Destination and Venue:** |
| **Budgetary Details:** | |
| **Transportation Details:** | |

**Medical Clearance:**

*Check all the following conditions applicable:*

☐ Destination is 100km or more from Naga City
☐ Activity (including travel time) will take more than 24 hours
☐ Environment of destination has potential health risk

**Medical clearance is mandatory if any of the conditions above are applicable*

*Require Medical Clearance:*

☐ Yes
☐ No
☐ Selected Students are required based on medical Assessment / record

Assessed By:

_____
Name over Signature of Medical Personnel

Certified Correct:

_____
SDS Director

Recommending Approval:

_____
VP for Academic Affairs

Approved:

_____
College President

Note: This *Approval* pertains only to the request to conduct or attend the Off-campus activity. The requesting Party must comply with all the necessary requirements of the school and CMO 63 s2017 before the issuance of the Certificate of Compliance and subsequent release of Travel Order. Please attach herewith the Compliance Sheet and all supporting documents and submit to the SDS Office/Dean's Office for checking.