BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY

LOCAL OFF-CAMPUS ACTIVITIES
CERTIFICATE OF COMPLIANCE

Name of Activity: Date:
Participants: Venue:

This is to certify that all the processes, procedures and requirements before the conduct of the off-campus activity/ies pursuant to CMO No. **63**, s. 2017 entitled "Policies and Guidelines on Local Off-campus Activities" have been duly complied with, and that by virtue thereof, we hereby assume full responsibility for the safety and welfare of the students.

Issued on this day of at BISCAST, Naga City.

Certified Correct:

_____
Personnel-In-Charge

Recommending approval:

APOLONIA C. SEBELLO, EdD
VP for Academic Affairs

Approved by:

DR. CHARLIE P. NACARIO
HEI President

SUBSCRIBED AND SWORN to before me, this _____, by _____ who exhibited to me (his/her) competent proof of identification _____ issued at _____, Philippines on _____.

Notary Public

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____;