



### Faculty Conforme Form

I, \_\_\_\_\_ the faculty – in- charge of \_\_\_\_\_  
(Name of Faculty- in – charge)

\_\_\_\_\_ is willing and available to attend the  
(Name of Organization/ College /Department)

On \_\_\_\_\_ at \_\_\_\_\_  
(Date and Time) (Venue and Address)

I have **read and duly understood** the content of my responsibilities and commit myself to follow these for the whole duration of the activity:

1. Ensure the safety and well being of the students by providing and implementing the ground rules of the activity.
2. Implement the rules and regulations set forth by the Institution regarding off – campus activity.
3. Guide the participants in various activities and advise them accordingly.

\_\_\_\_\_  
( Printed Name and Signature of Faculty/ Adviser)

Date : \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Approved:

\_\_\_\_\_  
College Vice Dean/SHSSHS Assistant Director

**Reminder: Submit this form together with the activity proposal to The Student Affairs.  
Otherwise, proposed activities will not be approved.**

SDAD FORM 06





# DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE

DLSMHSI is a CHED Autonomous HEI and an  
Associate Member of Asean University Network - Quality Assurance

## ACADEMICS THE STUDENT AFFAIRS

