



OVCA FORM 142: OUTLINE OF INTENDED ACTIVITIES

Semester/Term: _____ School Year: _____
 College Department: _____
 Program: _____
 Course/Subject: _____
 Year and Section: _____

Week/Date	Time and No. of Hours	Topic/Activities	Faculty In-charge

Prepared: _____

 Faculty In-charge

Endorsed: _____

 Chair

Recommended: _____

 Program Director

Approved: _____

 Dean/Director

cc: Finance and Controllership Dept., Payroll Unit, AQM, File

Philippine Copyright, 2019
 By DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE, DR. J.O.C
 All Rights Reserved, No part of this form maybe reproduced, stored in a retrieval system, or transmitted, in any form or any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the Institute.