**ACTIVITY FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE FILED |  |  |  |

Month day year

|  |  |  |  |
| --- | --- | --- | --- |
| REQUESTING ORGANIZATION |  | | |
| COLLEGE |  | | |
| TITLE of ACTIVITY |  | | |
| DATE of ACTIVITY |  | TIME of ACTIVITY |  |
| VENUE |  | | |
| NUMBER of PARTICIPANTS |  | | |

|  |  |
| --- | --- |
| For OFF CAMPUS ACTIVITIES |  |
| ESTIMATED DATE/TIME of DEPARTURE |  |
| ESTIMATED DATE/TIME of ARRIVAL ON CAMPUS |  |
| FACULTY IN-CHARGE |  |
| SIGNATURE of FACULTY IN-CHARGE |  |
| CELL PHONE NUMBER |  |

Please include site map.

|  |  |
| --- | --- |
| ENDORSED BY: |  |
| FACULTY ADVISER/IN-CHARGE |  |
| SIGNATURE |  |
| DATE |  |

|  |  |
| --- | --- |
| APPROVED BY: |  |
| COLLEGIATE VICE-DEAN /  SHSSHS ASSISTANT DIRECTOR |  |
| SIGNATURE |  |
| DATE |  |

|  |  |
| --- | --- |
|  |  |
| CHAIR for STUDENT DEVELOPMENT AND ACTIVITIES DEPARTMENT - TSA | **Floyd Robin M. Puno, PTRP, CWAT, MAE** |
| SIGNATURE |  |
| DATE |  |

|  |  |
| --- | --- |
|  |  |
| THE STUDENT AFFAIRS DEAN | **Billy Jay N. Pedron, PTRP, MSHSM, CWAT, CSAS, PhD, FHIC** |
| SIGNATURE |  |
| DATE |  |

NOTE:

Please submit along with project proposal form.

Cc: Collegiate Dean

The Student Affairs

Organization’s Copy

SDAD FORM 02-A

**PROJECT PROPOSAL**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE FILED | Month | Day | Year |

|  |  |
| --- | --- |
| TITLE OF ACTIVITY |  |
| DATE |  |
| VENUE |  |
| TARGET PARTICIPANTS |  |

|  |  |
| --- | --- |
| OBJECTIVES | |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

|  |
| --- |
| BRIEF DESCRIPTION |
|  |

|  |  |
| --- | --- |
| SWOT ANALYSIS | |
| STRENGTHS | WEAKNESSES |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| OPPORTUNITIES | THREATS |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT PLAN | | | |
| TARGET DATE | OUTPUT | PERSON IN CHARGE | POSITION |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROJECTED EXPENSES | | | | |
| # | ITEM | UNIT PRICE | QUANTITY | TOTAL |
| DIRECT PAYMENT | | | | |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| TOTAL OF DIRECT PAYMENT | | | | Php |
| CASH ADVANCE | | | | |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| TOTAL OF CASH ADVANCE | | | | Php |
| GRAND TOTAL | | | | Php |

|  |  |  |
| --- | --- | --- |
| SOURCE OF FUNDING | | |
| # | NAMEOF SPONSOR | AMOUNT |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PERSONS RESPONSIBLE | | | |
| NAME | CONTACT NUMBER | E-MAIL ADDRESS | POSITION |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| SUBMITTED BY: | |
| PRINTED NAME |  |
| SIGNATURE |  |
| DATE |  |
| DESIGNATION |  |

|  |  |
| --- | --- |
| ENDORSED: | |
| COLLEGE/SHSSHS STUDENT COUNCIL /VP FINANCE |  |
| SIGNATURE |  |
| DATE |  |

|  |  |
| --- | --- |
| ENDORSED: | |
| COLLEGE/SHSSHS STUDENT COUNCIL PRESIDENT |  |
| SIGNATURE |  |
| DATE |  |

|  |  |
| --- | --- |
| APPROVED: | |
| FACULTY ADVISER/IN-CHARGE |  |
| SIGNATURE |  |
| DATE |  |

NOTE:

Please submit along with Activity Form

SDAD FORM 02-B