



HOLDING OF OFF- CAMPUS ACTIVITY

_____Term, School Year_____

Date Filed: _____

Please be informed that my students will _____ in lieu of classes/Internship/RLE on the date specified.

COURSE/YEAR/ SECTION	SUBJECT	TIME	ROOM/ AREA	DATE OF ACTIVITY	VENUE

REASONS/REMARKS:

(Faculty Member's Signature Over PRINTED NAME)

Date: _____

Noted:

(Chair's Signature Over PRINTED NAME)

Date: _____

Approved:

(Dean's Signature Over PRINTED NAME)

Date: _____

For The Registrar's Use
Checked: _____
Faculty Attendance Checker's Signature Over Printed Name _____
Date Checked _____

This form should be given to the Faculty Attendance Checker at least five (5) days before the actual date of activity. Please furnish one copy (1) to the Faculty Attendance Checker. Keep one for your file.

TR-ESOS019 s.2022

