



ILOILO DOCTORS' COLLEGE

Office of Student/Alumni Affairs
& Sports Development

ACTIVITY APPROVAL FORM FOR IN CAMPUS ACTIVITY

Requesting Department/Organization: _____

Title of Activity: _____

Nature of Activity: _____

Coverage of Activity:

- Departmental Organizational
 College Wide Others

Expected Number of Participants: _____

Target Clients: _____

Date: _____

Venue: _____

Submitted by:

Signature over printed name
Student Leader/President

Date

Contact Number: _____

Adviser, Signature over printed name

Date

Contact Number: _____

Date Forwarded to OSAASD: _____

Received by: _____

Recommending Approval:

Head, Co-Curricular Programs and Activities

Approved:

**Vice President for Student/Alumni Affairs &
Sports Development**

Pre- Activity Requirements:

- Letter from the Dean/Principal
- Signed Activity Approval Form by the VP for Student/Alumni Affairs & Sports Development
- Budget for the activity/student to include the following if applicable:
1. Program
 2. Food
 3. Prizes/Tokens
 4. Certificates/Honorarium
 5. Funded by:
 - Student
 - Department Funds
 - Student Council
 - School
 - Others (Specify) _____
- List of participating students with their course and year level
- Program

Requesting Department/Organization

Activity Title

Nature of Activity

Date/Time/Venue

Post Activity Requirements:

DUE DATE

- Pre-activity Requirements
- Attendance Log Sheet
- List of Expenses
- Activity Report
- Minutes of the Meeting
- Pictures with Caption
- Sample Publication
- Sample Poster/Flyer
- Financial Report
- List of Beneficiaries/Clients/Participants
- Contest Questions
- Evaluation Reports
- Others:
