**ILOILO DOCTORS’ COLLEGE**

West Avenue, Molo, Iloilo City

***OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT***

**REQUEST PERMISSION FOR:**

**Off Campus Activity Field Trip Educational Tour**

 \_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

1. Nature of Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Inclusive Dates/Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Duration of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Venue/Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Justification/Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Please attach the following:

* 1. For Academic Requirements – letter of approval by the Dean and Office of the Vice President for Academic Affairs
	2. For Non-Academic Requirements – letter of approval by the Dean and Office of the Vice President for Student, Alumni Affairs & Sports Development
	3. Budget for the activity/ student to include the following if applicable:
		1. Air/sea/land fare
		2. Accommodation
		3. Food allowance
		4. Registration fees
		5. Other transportation fee
		6. Incidental fees (honorariums/token etc.)
		7. Funded by:

 Student

 Departmental Funds

 Student Council Funds

 School

 Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Travel Plans
	2. Itinerary
	3. Housing Plans
	4. List of participating students stating their course and year level with attached waiver.
	5. List of accompanying persons and position.

Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Adviser Signature over printed name Contact Number

Recommending Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Head, Co-curricular Programs &

Activities

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President for Student, Alumni Affairs Vice President for Academic Affairs

& Sports Development

OSAA FORM 006

Rev #-3-May 18, 2017

(ACCOMPLISH IN TRIPLICATE) 1 COPY FOR OSAA, 1 FOR OFFICE OF THE VPAA, 1 COPY FOR FACULTY ADVISER