



Office of Student LIFE



Activity Approval Form (A-Form)

REQUESTING ORGANIZATION		TITLE OF THE ACTIVITY	
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NATURE OF ACTIVITY

- | | |
|--|--|
| CSO & Special Groups
<input type="checkbox"/> Academic
<input type="checkbox"/> Special Interest
<input type="checkbox"/> Departmental Initiative
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Community Development
<input type="checkbox"/> Organizational Development
<input type="checkbox"/> Issue Advocacy
<input type="checkbox"/> Lasallian Formation/ Spiritual Growth
<input type="checkbox"/> Outreach | USG
<input type="checkbox"/> Student Service
<input type="checkbox"/> Student's Rights & Welfare
<input type="checkbox"/> Rules and Policies
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Community Development
<input type="checkbox"/> Organizational Development
<input type="checkbox"/> Issue Advocacy
<input type="checkbox"/> Lasallian Formation/Spiritual Growth
<input type="checkbox"/> Outreach |
|--|--|

TYPE OF ACTIVITY

- | | |
|---|--|
| Through CSO/ DAAM
<input type="checkbox"/> Academic Contest
<input type="checkbox"/> Distribution
<input type="checkbox"/> General Assembly
<input type="checkbox"/> Seminar/ Workshops
<input type="checkbox"/> Publicity/ Awareness Campaign
<input type="checkbox"/> Meetings
<input type="checkbox"/> Spiritual Activity
<input type="checkbox"/> Recruitment/ Audition
<input type="checkbox"/> Recreation
<input type="checkbox"/> Others: _____ | Through SLIFE
<input type="checkbox"/> Alliance with Outside Organizations
<input type="checkbox"/> Off- Campus Activities
<input type="checkbox"/> Seminar with Distinguished Speakers
<input type="checkbox"/> Conference Involving Outside Participants
<input type="checkbox"/> Solicitations
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Donation Drive
<input type="checkbox"/> Others: _____ |
|---|--|

ACTIVITY DETAILS

DATE	TIME	VENUE	TOTAL ENP	ENP (CSO)
REACH OF ACTIVITY <input type="checkbox"/> College Wide <input type="checkbox"/> University Wide <input type="checkbox"/> Organization Wide <input type="checkbox"/> Batch Wide			Activity in GOSM <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Submitted By: _____

Noted by: _____

Signature Over Printed Name

Date and Time

Signature Over Printed Name

Date and Time

-
- Faculty Adviser
-
- USG Treasurer
-
- EB in Charge

Organization/ College/ USG President

Date and Time

Signature Over Printed Name

Date and Time

-
- COSCA
-
- LSPO
-
- STRATCOM
-
- OCCS

-----CSO/ DAAM/ SLIFE USE ONLY-----

Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied	<input type="checkbox"/> Please see me ASAP
Comments:				

Approved by: _____

Date: _____ Time: _____

-
- SLIFE/ STC Coordinator
-
-
- CSO APS
-
-
- USG DAAM

IN CASE OF CHANGE

DATE: _____

TIME: _____

VENUE: _____

CHANGES APPROVED BY:

-
- SLIFE/STC COORDINATOR
-
-
- CSO APS/ DAAM
-
-
- USG DAAM

Received by: _____ Date/Time: _____

POST ACTIVITY REQUIREMENTS

-
- Pre- Acts Requirements
-
-
- Attendance Log Sheet
-
-
- List of Expenses
-
-
- Pictures
-
-
- Approved Poster/ Flyer
-
-
- Sample Publication
-
-
- FRA Report (due on ___)
-
-
- Income Statement
-
-
- List of Participants and Winners
-
-
- Signed MOA/s
-
-
- Minutes of the Meeting
-
-
- Activity Report

DUE DATE

STATUS