



Office of Student LIFE

Faculty Conforme Form

REQUESTING ORGANIZATION

TITLE OF THE ACTIVITY

ACTIVITY DETAILS

Date

Time

Venue

I, the faculty adviser/ substitute faculty adviser of the requesting organization is willing and available to attend the activity indicated in this form. I have read and fully understood the extent of my roles and responsibilities and commit myself to follow these for the whole duration of the activity:

- Ensure the safety and well-being of the participants by providing and implementing the ground rules for the activity.
- Implement the rules and regulations set forth by the University regarding off-campus activities (no drugs, liquors, etc.)
- Guide the participants in various activities and advise them accordingly.
- Accomplish the Off-campus Activity Report Form and submit it directly to the Office of Student LIFE a day after the activity.

I signify my presence at the time and place of the activity and can be contacted in the contact number/s indicated below.

By:

If applicable:

Signature over printed name
(Faculty Adviser)

Date/ Time

Signature over printed name

Date/ Time

Department

Contact Number/s

Department

Contact Number/s

Noted by:

Coordinator for Operations of Student Organizations

Note: Please prepare two (2) copies of this form