



# Activity Approval Form (A-Form)



REQUESTING ORGANIZATION: \_\_\_\_\_  
TITLE OF THE ACTIVITY : \_\_\_\_\_

### Processed through USG / CSO

- Exhibit
- General Assembly
- Meeting
- Mass / Spiritually Renewing Activity
- Issue Advocacy
- Publicity / Awareness Campaign
- Seminar / Talk
- Contest / Competition
- Sports / Tournament
- On-Campus Socio-Civic Activity
- Others: \_\_\_\_\_

### Processed through Student LIFE

- Alliance with Outside Organizations
- Fundraising Activity
- Media-Related Activity  
(Print, Radio or TV Exposure, etc.)
- Off-Campus, please specify: \_\_\_\_\_
- Seminar / Talk \*(Distinguished Speaker)
- Contest / Competition \*  
(\* With External Participants)
- Solicitations
- Selling
- Others: \_\_\_\_\_

Activity Date : \_\_\_\_\_ Time : \_\_\_\_\_ to \_\_\_\_\_

Venue/s : \_\_\_\_\_

Total Number of Expected Participants : \_\_\_\_\_

Expected Number of Member Participants (CSO) : \_\_\_\_\_

Reach of Activity:

- University Wide
- College Wide
- Batch Wide
- Organization Wide
- Others: \_\_\_\_\_

Activity in GOSM  Yes  No

Submitted By: \_\_\_\_\_

\_\_\_\_\_  
Signature of Project Head Over Printed Name

\_\_\_\_\_  
Position in the Organization

\_\_\_\_\_  
Date and Time

### Venue Reservation

\_\_\_\_\_  
Signature of Reservation Personnel Over Printed Name

\_\_\_\_\_  
Date and Time of Confirmation

Noted By:

\_\_\_\_\_  
 Organization Faculty Adviser  USG Treasurer Date \_\_\_\_\_ Time \_\_\_\_\_  
 Ad Hoc / Executive Team EB-in-Charge  
Signature over Printed Name

\_\_\_\_\_  
 COSCA  LSPO  MCO  OCCS Date \_\_\_\_\_ Time \_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
CSO Executive Secretary; DAAM/APS Representative Date \_\_\_\_\_ Time \_\_\_\_\_  
Signature over Printed Name

### Status of Proposal Comments:

- Approved \_\_\_\_\_
- Pending \_\_\_\_\_
- Denied \_\_\_\_\_
- Please see me ASAP.  
Preferably on \_\_\_\_\_

By: \_\_\_\_\_  
\_\_\_\_\_  
Student LIFE Director/Coordinator; Date \_\_\_\_\_ Time \_\_\_\_\_  
CSO Executive Secretary/ USG VP- Internals;  
DAAM/APS Representative

### In Case of Change

Venue : \_\_\_\_\_  
Date : \_\_\_\_\_ Time : \_\_\_\_\_

Reservation Confirmed By:

\_\_\_\_\_  
Signature of Reservation Personnel  
Over Printed Name

Changes Approved By:

\_\_\_\_\_  
Student LIFE Director/Coordinator; Date \_\_\_\_\_ Time \_\_\_\_\_  
CSO Executive Secretary/ USG VP- Internals;  
USG DAAM/APS Representative

Received by : \_\_\_\_\_ Released by : \_\_\_\_\_  
Received by : \_\_\_\_\_ Released by : \_\_\_\_\_

Requesting Organization

Title of Activity

Nature of Activity

Date / Time / Venue

Brief Description:

### Post-Act Requirements

Due Date

- Pre-act Requirements
- Attendance Log Sheet
- List of Expenses
- Activity Report
- Sample Poster / Flyer
- Minutes of the Meeting
- Pictures
- Sample Publication
- FRA Report due on: \_\_\_\_\_  
(Submit to S-LIFE)
- Income Statement
- List of Participants and Winners
- Copy of Contest Questions
- Copy of Reviewers
- OI Form
- Evaluation Results
- Others :

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