

**De La Salle University**  
*Office of the Student LIFE*

**FACULTY CONFORME FORM**

I, \_\_\_\_\_, the faculty adviser/ substitute faculty adviser of  
( Name of Faculty Adviser/substitute Faculty Adviser)

\_\_\_\_\_ is willing and available to attend the  
( Complete name of Organization)

\_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
( Name of Activity) (Date / Time of the Activity) (Venue and Address)

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 through the following number: \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Faculty Adviser**

\_\_\_\_\_  
**Date**

*If applicable,*

\_\_\_\_\_  
**Signature of Substitute Faculty Adviser**  
**Above Printed Name**

\_\_\_\_\_  
**Date**

**Noted by:**

\_\_\_\_\_  
**SLIFE Director / Coordinator Signature**  
**Above Printed Name**