



External Relations and
Internationalization Office

ERIO Official Engagement /Activity Report

TITLE OF ACTIVITY/EVENT:

DATE:

VENUE:

A. DETAILS OF INTERNATIONALIZATION

Internationalization Thrust: Academic Program Faculty Student Research

Funding Source: ERIO VCRI VCA Others _____

Details of Support

Amount:

Items/Particulars:

B. HIGHLIGHTS OF THE ACTIVITY/EVENT

C. IMPRESSION/OBSERVATIONS

D. OUTPUT OF ACTIVITY

E. RECOMMENDED FOLLOW-THROUGH ACTION

F. LIST OF CONTACTS (please attach photocopies of business cards)



External Relations and
Internationalization Office

G. COPIES OF PHOTOS (Electronic copy is preferable)

H. LIST OF PARTICIPANTS (For students: indicate College/School; for Faculty members indicate Department)

Prepared and submitted by:

(Pls. sign over printed name)

College/School:

Department:

Date: