



Student  
Media  
Office

### FACULTY COMPANION CONFORME

Date:

To Whom It May Concern:

I, the undersigned, am willing to be the faculty companion of our students and oversee how they will run the event with the following details:

Name of Event:

Sponsor Organization:

Date:

Time:

Venue and Address:

I have read and fully understood the extent of my roles and responsibilities and commit myself to follow them for the entire 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 (e.g. no drugs, liquors, etc.).
- Guide the participants in conducting various activities and advise them accordingly.

I signify my presence in the entire duration of the activity. In case there is a need, I may be contacted through the following contact details:

Mobile Number 1:

Mobile Number 2:

Email Address 1:

Email Address 2:

Respectfully yours,

**Faculty Companion**  
Signature over printed name / Date

Noted by:

**SMO Director / Coordinator**  
Signature over printed name / Date