

DE LA SALLE UNIVERSITY-DASMARINAS
Dasmarinas, Cavite

Office of Student Services
Student Development and Activities Office

PROJECT PROPOSAL FORM

- Institutional Off-campus Activity Off-campus Invitation

Name of Organization: _____

Title of the Activity: _____

Type of Activity:

- | | |
|---|--|
| <input type="checkbox"/> Exhibit | <input type="checkbox"/> Alliance with Outside Organizations |
| <input type="checkbox"/> General Assembly | <input type="checkbox"/> Fundraising Activity |
| <input type="checkbox"/> Meeting/Orientation | <input type="checkbox"/> Media-related Activity
(Print, radio or TV Exposure, etc.) |
| <input type="checkbox"/> Mass/Spiritual Activity | <input type="checkbox"/> Off-Campus, pls. specify: _____ |
| <input type="checkbox"/> Issue Advocacy | |
| <input type="checkbox"/> Publicity/Awareness Campaign | <input type="checkbox"/> Contest/Competition
_____ with external participants |
| <input type="checkbox"/> Seminar/Talk/Training
<input type="checkbox"/> with distinguished speaker | <input type="checkbox"/> Socio-civic Activity |
| <input type="checkbox"/> Sports/Tournament | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Recital/Performances | |

Objectives : _____

Date : _____ Time : _____ to _____

Venue/s : _____

Target Participants: _____

Target Number of Participants: _____ College: _____

Budget Allocation : _____ Budget Source : _____

Guest Speaker (if any) _____

Submitted by:

_____ <i>(signature over printed name)</i>	_____ Lead Person/Contact#	_____ Date
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Noted by:

_____ <i>(signature over printed name)</i>	_____ Department	_____ Date
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_____ <i>(signature over printed name)</i>	_____ Department	_____ Date
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Note: for Co-curricular organizations and Program Councils

_____ Dean <i>(signature over printed name)</i>	_____ College Note: for Program Councils and College Student Councils	_____ Date
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Endorsed by: _____ Recommending Approval: _____

_____ CAO/SAO	_____ Date	_____ MS. EVELYN PEREZ Director, SDAO	_____ Date
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Approved by: _____

_____ Dr. Isabelita C. Celestino Dean, OSS	_____ Date
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Status of Proposal: _____ **Comments:** _____

- Approved _____
- Pending _____
- Denied _____
- Please see me ASAP
Preferably on _____

By: _____
 CAO/SAO SDAO Director _____
 OSS Dean _____ Date

IN CASE OF CHANGE

	Original Schedule		Proposed Schedule
Date :	_____	Date :	_____
Time :	_____	Time :	_____
Venue :	_____	Venue :	_____

Reason : _____ Changes Approved by: _____

SDAO Director

- Please attach the following:
- | | |
|---|--|
| <input type="checkbox"/> Estimated list of expenses | <input type="checkbox"/> List of participants |
| <input type="checkbox"/> Activity Brief (Background, Rationale, Mechanics, Success Indicators) | <input type="checkbox"/> Letter of request addressed to OSS Dean for the issuance of parental consent forms <i>(for off-campus activities)</i> |
| <input type="checkbox"/> Programme of Activities <i>(if applicable)</i> | <input type="checkbox"/> Accomplishment Report - Form F <i>(to be submitted two weeks after the activity)</i> |
| <input type="checkbox"/> Profile of the speaker - Form H <i>(if applicable)</i> | <input type="checkbox"/> Letter of conformity - Form J <i>(weekend and off-campus activities)</i> |
| <input type="checkbox"/> Invitation Letter from the organizing party <i>(for invitational activities)</i> | |
| <input type="checkbox"/> Letter of Intent <i>(for invitational activities)</i> | |
| <input type="checkbox"/> MOA <i>(for joint activities)</i> | |

Note: Please photocopy (3) once signed by the authorized signatories – SDAO. Office concerned and File