

Office of Student Services
Student Development and Activities Office

PROJECT PROPOSAL FORM
Outreach Activity

Name of Organization: _____
Title of the Activity: _____
Objectives : _____

Date : _____ Time : _____ to _____
Venue/s : _____
Target Participants: _____
Target Number of Participants: _____ College: _____
Budget Allocation : _____ Budget Source : _____
Guest Speaker (if any) _____

Submitted by:

President
(signature over printed name)

Lead Person/Contact#

Date

Noted by:

Adviser/Trainer
(signature over printed name)

Department

Date

Chair/Coordinator
(signature over printed name)

Department
Note: for Co-curricular organizations and Program Councils

Date

Dean
(signature over printed name)

College
Note: for Program Councils and College Student Councils

Date

Checked by:

Endorsed by:

MS. RIO R. MAZO
LCDC Director

Date

CAO/SAO

Date

Recommending Approval:

Approved by:

Ms. Evelyn Perez
SDAO Director

Date

Dr. Isabelita C. Celestino
Dean, OSS

Date

Status of Proposal:

Comments:

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

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

IN CASE OF CHANGE

Original Schedule Proposed Schedule

Date : _____ Date : _____
Time : _____ Time : _____
Venue : _____ Venue : _____

Reason : _____ Changes Approved by: _____

SDAO Director

Please attach the following:

- Estimated list of expenses
- Activity Brief (Background, Rationale, Mechanics, Success Indicators)
- Programme of Activities *(if applicable)*
- Profile of the speaker - Form H *(if applicable)*
- Invitation Letter from the organizing party *(for invitational activities)*
- Letter of Intent *(for invitational activities)*
- Letter of conformity - Form J *(for off-campus activities)*
- MOA *(for joint activities)*
- List of participants
- Letter of request addressed to OSS Dean for the issuance of parental consent forms *(for off-campus activities)*
- Accomplishment Report - Form F *(to be submitted two weeks after the activity)*

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