| | San Juan ENT WELFARE ANI | DEVELOPMENT |
|---|------------------------------------|-----------------------------|
| FORM 02 APPLICATIO | DN FOR IN-CA | AMPUS ACTIVITY |
| | | _ DATE: |
| CO-CURRICULAR CURRICUL | AR 🗆 CULTURAL (| GROUP DERFORMING ARTS GROUP |
| | Competition Community Service | Others, pls. specify: |
| TITLE OF THE ACTIVITY: | | |
| OBJECTIVE/S: | | |
| | | |
| PROPOSED DATE: | | |
| □Colegio Subsidy □Organization | Fund Dothe | ers, pls. specify: |
| Submitted by: | | Certified true and correct: |
| PRESIDENT / Date | | ADVISER / Date |
| Noted by: (For Co-Curricular Organizations) | | Recommending Approval: |
| COLLEGE DEAN / Date | | DIRECTOR, OSWD / Date |
| | APPROVED BY: | |
| VICE – PR | esident, academi | CAFFAIRS |

REMINDERS:

- Application must be <u>APPROVED</u> at least 5 working days before the proposed date of the activity.
 Application must be attached with the following documents:
- - Letter of Intent regarding activity, noted by Adviser and College Dean - Detailed program flow
- Accomplish the routing sheet attached on this form.
 Presence of the adviser is required in the activity.

| ** DO NOT FILL OUT THIS BOX ** | | | |
|--------------------------------|---------------|---------------------------------|--|
| Letter of Intent | Program Fllow | Remarks: | |
| Budget Proposal | Resume | Student Development Coordinator | |

- Detailed budget proposal

- Resume of the speaker (for seminar)