**REQUEST ON THE CONDUCT OF STUDENT ACTIVITY**

Date: \_\_\_\_\_\_\_\_

**DR. ERWIN P. LACANLALE**

Vice, President, Academic Affairs

This University

Sir:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sincerely yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adviser

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean, College of \_\_\_\_\_\_\_\_\_\_\_\_

*\*for college-based organizations only*

*To be accomplished by OSAS:*

*( ) online*

*( ) on-campus ( ) off-campus*

*Check the following attachments:*

|  |  |
| --- | --- |
|  | *For webinars, seminars, trainings, and other similar activities, attach CV/profile of resource speaker/s* |
|  | *Letter of invitation* |  | *Course Syllabus* |
|  | *Letter of Request to Attend & Participate in the Activity* |  | *Itinerary of the Trip/Activity with Minutes of the Meeting of the organization* |
|  | *Photocopy of Student’s ID* |  | *Breakdown of Budget or Expenses (if financial collection is required)* |
|  | *Certificate of Registration* |  | *Minutes of the Meeting with Parents/Guardians with Photo Documentation* |
|  | *Medical Clearance Issued by the TSU Medical Services Unit*  |  | *Supervising Faculty/Personnel-in-Charge (1 permanent faculty per 30 students)* |
|  | *Duly Signed and Notarized Parental/Guardian Consent* |  | *First-Aid kit* |
|  | *Photocopy of Valid ID of Parent/Guardian with affixed signature* |  | *Insurance* |
|  | *Transportation for the Activity:**Travel Order (if TSU vehicle)* |  | *If no TSU vehicle is available:* |
|  | *Insurance of the vehicle* |
|  | *Certification that the vehicle is in good condition* |
|  | *Certification of the driver with good driving record* |

Recommending Approval:

**MARIA TIARA FATIMA F. GALANG**

Head, Student Organizations Unit

**PROF. FABIAN P. SEGUIRA**

Dean, SAS

Approved:

**DR. ERWIN P. LACANLALE**

Vice President, Academic Affairs

***Reminder: Ensure that the no collection policy is observed.***

*cc:*

*( ) Sports Development Office for university-wide sports activity*

*( ) Culture and Arts Office for university-wide cultural activity*