**REQUEST FOR THE CONDUCT OF STUDENT ACTIVITY**

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

**DR. GLADIE NATHERINE G. CABANIZAS**

Asst. Director, Student Development Services

Head, Student Organization Unit

Ma’am:

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

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY** | **DATE** | **VENUE/PLATFORM** | **NO. OF PARTICIPANTS** | **WITHIN THE CAMPUS/OFF CAMPUS** |
|  |  |  |  |  |

Sincerely yours,

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

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

\*countersigned by College Dean for College-base organization

Approved:

**------------------------------------------------------**

Asst. Director, Student Development Services