



STUDENT ACTIVITY APPLICATION FORM

Document No: FM-SA-14-01

Effective Date: Sep 5, 2022

<input type="checkbox"/> CO-CURRICULAR ACTIVITY <input type="checkbox"/> EXTRA-CURRICULAR ACTIVITY	<input type="checkbox"/> MAJOR ACTIVITY <input type="checkbox"/> MINOR ACTIVITY	TOTAL NUMBER OF CLASS/ORG MEMBERS: _____
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APPLICANT INFORMATION:

Name of Applicant & Student #: _____ Program and Year: _____
 Date of Submission of Form: _____ Position of the Applicant: _____
 Name of Organization / Course and Section: _____

DETAILS OF ACTIVITY:

Title and Nature of Activity applied for: _____
 (Seminar, Field Trip, Plant Visit, Outing, Party, Assembly, Meeting, etc.)

Objectives of the Activity: _____

Venue: _____
 (Write the complete address for off-campus activity)

Date: _____ Day: _____ Time: _____

Number of Expected Participants: _____

Amount of Individual Contribution: _____ Budget for the Activity / Project: _____
 (Please submit a separate budget proposal & list of participants)

ADDITIONAL INFORMATION FOR CO-CURRICULAR ACTIVITY:

Check the mission statement(s) satisfied by the nature of your activity.

- The Institute shall provide a learning environment in order for its students to acquire the attributes that will make them globally competitive.
- The Institute shall engage in economically viable research, development, and innovation.
- The Institute shall provide state-of-the-art solutions to problems of industries and communities.

Enumerate the PEOs Satisfied in this Activity

Enumerate the POs Satisfied in this Activity

IN-CHARGE / ORGANIZERS OF ACTIVITY:

We, the undersigned students/faculty members/organizer/adviser of Mapua University, shall hold ourselves jointly and severally responsible for any injury to persons arising from the activity that we applied for, and we shall supervise the activity and comply with school policies e.g. no alcoholic beverages and other unlawful activities during the activity.

Class Officer / Organizer (Name and Signature)

Faculty Adviser/Organizer (Name and Signature)

APPROVED BY:

Dean / Subject Chair (Name & Signature)
 (for Co-Curricular Activities)

Officer-in-Charge Facilities (Name & Signature)
 (for activities inside the campus)

NOTATION / APPROVAL:

 Director, Student Engagement Office SEO

NOTED:

 Head, Campus Development & Maintenance

To be accomplished in three (3) copies and distributed as follows: 1. Security Office 2. Office of Student Activities 3. Applicant

COMPLETE THE REQUIRED ATTACHMENTS AND SUBMIT **7DAYS** BEFORE THE ACTIVITY

- **Activity Description** (detailed information about the activity including venue set up, equipment req'ts, etc)
- **List of Participants** (including visitors/alumni/outside)
- **Budget Proposal**
 - o for meetings, include the **Agenda of Meeting**
 - o for seminars, include
 - o **Brief Description of Seminar**
 - o **Resume of Speaker** (approved by CCESC)
 - o for out of school and/or Sunday/Holiday activities, include **Parent Consent Form** (downloadable at Mapua Website)
 - o for fund raising activities, make a letter addressed to the University President thru OSA at least 14days before the activity. Include the following:
 - o **Purpose of the fund raising** (for what activity will it be used)
 - o **Breakdown / Budget Proposal** (for the fund raising)
 - o **Budget Requirement for the Project / Activity**
 - o **List of Possible Sponsors / Sample MOA / Type of Sponsorship**

3DAYS AFTER EVERY ACTIVITY, SUBMIT THE FOLLOWING:

POST ACTIVITY EVALUATION FOR **MAJOR ACTIVITIES**

- Copy of Approved Permit
- Attendance Sheet
- Evaluation Forms (downloadable at Mapua website)
- Minutes
- Assessment (Include Problems Encountered and Solutions and Recommendations)
- Financial Statement if Applicable
- Pictures

**Place in long brown envelope*

POST ACTIVITY EVALUATION FOR **MINOR ACTIVITIES**

- Attendance Sheet
- Minutes
- Assessment (Include Problems Encountered and Solutions and Recommendations)