**UPM-OSA-OP-08F1**

University of the Philippines Manila

# OFFICE OF STUDENT AFFAIRS

3rd Flr., Student Center Building, P. Faura St., Ermita, Manila

# ACTIVITY PERMIT

**(for Accredited U-wide Organization)**

NAME OF ORGANIZATION TITLE OF ACTIVITY


# (Please attach program of activities/agenda)

NATURE (Pls. Check): Fund Raising Training/Seminar Exhibit Socialization

 Gen. Assembly/Meeting Concert Other:

PURPOSE/OBJECTIVE

SPONSORING AGENCY/IES

VENUE : Conference Rm Studio

 NEDA Parking Lot: Other: TIME :

DATE/s :

PARTICIPANTS: UPM Students Organization's members

 Faculties/Employees Outsiders **(please attach list of participants)**

RECIPIENT/S :

# Person-in-Charge: Endorsed by: Approved by:

 **ODESSA N. JOSON, MA**

(Signature over printed name) (Adviser's signature over printed name) Director, Office of Student Affairs

(Position/Contact No.) (Date) (Date)

***NOTE: ACTIVITY PERMIT MUST BE SUBMITTED TO OSA THREE (3) DAYS BEFORE THE ACTIVITY DATE.***

**PURSUANT TO DATA PRIVACY ACT OF 2012, I am giving permission to the Office of Student Affairs for the lawful use of my personal information. I further certify that the information contained are true and correct.**

**PAYMENT OF UTILITIES AND SPACE RENTAL**

**(FOR SCHEDULES FROM 5PM-10PM ON WEEKDAYS; and WEEKENDS)**

TOTAL AMOUNT: Php

CPDMO Authorized Personnel

**APPROVED BY:**

Vice Chancellor for Administration

(Signature over printed name)