



ACTIVITY PERMIT
(for Accredited U-Based Organizations)

NAME OF ORGANIZATION: _____

TITLE OF ACTIVITY: (Please attach the program of activities/agenda) _____

NATURE OF ACTIVITY (Pls. Check): [] Fund Raising [] Training/Seminar [] Exhibit
[] Socialization [] Gen. Assembly/Meeting [] Concert
[] Others: _____

PURPOSE/OBJECTIVE: _____

VENUE: [] ON-CAMPUS: _____
(Room reservation link: (https://rooms.upm.edu.ph): View Rooms (upm.edu.ph)

[] OFF-CAMPUS: (Location) _____
Off-Campus Checklist link (OFF-CAMPUS CHED MEMO - Google Drive)

TIME: _____

DATE/s: _____

PARTICIPANTS: [] UPM Students [] Organization's members
[] Faculty/Employees [] Outsiders (please attach a list of participants)

Person-in-Charge:

Endorsed by:

Approved by:

(Signature over printed name)

(Adviser's signature over printed name)

PROF. ODESSA N. JOSON, MA
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.

PAYMENT OF UTILITIES AND SPACE RENTAL
(FOR SCHEDULES FROM 5PM-8PM ON WEEKDAYS; and WEEKENDS)

TOTAL AMOUNT: Php _____

CPDMO Authorized Personnel

APPROVED BY:

Vice Chancellor for Administration

PURSUANT TO THE 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 is true and correct.

(Signature over printed name)