



University of the Philippines Manila
OFFICE OF STUDENT AFFAIRS
 3rd Flr., Student Center Building, P. Faura St., Ermita, Manila

ACTIVITY PERMIT
(for Accredited U-Based Organization)

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
☐ Other: _____

PURPOSE/OBJECTIVE: _____

VENUE : ☐ ON-CAMPUS: _____

(Room reservation link: (<https://rooms.upm.edu.ph>); [View Rooms \(upm.edu.ph\)](#))

☐ OFF-CAMPUS: (Location) _____

Click the link ([OFF-CAMPUS CHED MEMO - Google Drive](#))

TIME: _____ **DATE/s:** _____

PARTICIPANTS: ☐ UPM Students ☐ Organization's members
☐ Faculties/Employees ☐ Outsiders (please attach a list of participants)

NOTE:

- Kindly ensure that your desired schedule is reserved through the Room Reservation Portal before the Office of Student Affairs (OSA) approves your activity permit.
- Activity permit must be submitted to OSA three (3 days) before the scheduled activity
- Please note that the use of rooms is not permitted on Sundays and holidays.

Person-in-Charge:

Endorsed by:

Approved by:

 (Signature over printed name)

 (Adviser's signature over printed name)

PROF. ODESSA N. IOSON, MA
 Director, Office of Student Affairs

 (Position/Contact No.)

 (Date)

 (Date)

PAYMENT OF UTILITIES AND SPACE RENTAL
(FOR NON-UPM ACCREDITED STUDENT ORGANIZATION)

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)