

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 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:

(Signature over printed name)

Endorsed by:

(Adviser's signature over printed name)

Approved by:
BLESILE SUZETTE S. MANTARING, MD, FPOGS
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-10PM ON WEEKDAYS; and WEEKENDS)**

TOTAL AMOUNT: Php _____

CPDMO Authorized Personnel

APPROVED BY:

Vice Chancellor for Administration

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.

(Signature over printed name)