Student’s Copy

**ACCOMPLISHED ACTIVITY FORM**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application

|  |  |
| --- | --- |
| Name of Student Organization |  |
| Activity Title |  |
| Purpose |  |
| Nature of Involvement *[Put a check (√) mark]* | * Organizer
 | * Participant
 |
| Extent of Benefits*[Put a check (√) mark]* | * University/College/Community
 | * 1 or 2 departments
 |
| Level*[Put a check (√) mark]* | * International
 | * National
 | * Regional
 | * Local
 |
| Speakers/Guests (If Any) |  |
| Number of Attendees |  |

Requested by:

Required Attachments:

* Approved Request Letter on the Conduct of Activity (TSU-SOU-SF-08)
* Attendance sheet
* Photo documentation
* Certificate of Participation/ Attendance (for activities with the organization as participant)

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*Name and Signature of President*

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name and Signature of Faculty Adviser*

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*Name and Signature of Dean/Department Head*

*(For college-based student organization only)*

Approved by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Head, Student Organizations Unit

Student Organizations Unit Copy

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*Name and Signature of President*

Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name and Signature of Faculty Adviser*

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*Name and Signature of Dean/Department Head*

*(For college-based student organization only)*

Approved by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Head, Student Organizations Unit