

	PERMIT B TO CONDUCT NON-ACADEMIC STUDENT ACTIVITIES OFF-CAMPUS	Document No.	WVSU-OSA-SOI-02-F03
		Issue No.	1
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity	May 14, 2024
		Issued by:	OSA
		Page no.	Page 1 of 1

Please check the appropriate boxes:

<input type="checkbox"/> 8:00am – 5:30 pm <input type="checkbox"/> After 5:30 pm <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday/s Others (pls. specify): _____
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<input type="checkbox"/> Main <input type="checkbox"/> External: _____

Date of Application: _____

The undersigned requests permission to conduct the

ACTIVITY: _____

Details of which are the following:

Purpose: _____

Venue: _____

Inclusive Dates: _____ Time: _____

Approximate cost per student: _____

Source of funding: _____

Sponsoring group (Name of the Organization): _____

No. of students who will participate: _____

Attach List of Students Involved

Faculty adviser who will facilitate and/or supervise the activity: _____



APPROVED:

Permit is granted to the _____

(Name of the Organization)

to conduct the _____ on _____

(Activity Title)

(date & time)

at _____ as recommended by the Adviser and College Dean.



DISAPPROVED / DEFERRED:

Due to _____

OSA Dean / Head

Director for Academic Affairs
(For External Campuses)

VPAA / Campus Administrator

Noted:

This permit becomes official if acted upon by the concerned university officials and a fully accomplished copy with the requirements is returned to the Office of Student Affairs.

Date permit was fully accomplished and returned to OSA: _____

No. of waivers submitted (signed by the parent/guardian): _____

Received by: _____

Requirements:

- Approved Budget Plan/ Activity Design
- Notarized Parent's/ Guardian's Consent with attached Photocopied ID
- CHED Memorandum Order No. 63, series of 2017 Requirements:
 - A.1.5. Medical Clearance of the Students
 - A.1.6. Personnel- In- Charge
 - A.1.7. First Aid Kit
 - A.1.8. Fees/Fund Source
 - A.1.9. Insurance
 - A.1.10. Mobility
 - A.1.11. LGUs/NGOs