



Office of Student Services
Student Development and Activities Office

CLASS-BASED (STUDENT ACTIVITY MONITORING FORM)

Off Campus Activity

- Research* *Interview* *Survey*
 Documentary *Field Study* *Others:* _____

Proponent : _____

Purpose of Activity : _____
(please specify) _____

Date : _____ Time : _____

Venue/s : _____

Submitted:

Student/Group Leader Contact No. Date

Endorsed:

Subject Teacher Date Department Chair Date

Approved:

College Dean Date Dean, OSS Date

Comments:

