



DE LA SALLE UNIVERSITY-DASMARIÑAS
Dasmariñas, Cavite

IPOA: _____
To be filled out by SDAO

Office of Student Services
Student Development and Activities Office

PROJECT PROPOSAL FORM

- | | | | |
|---------------------------------------|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Collegiate | <input type="checkbox"/> Off-campus | <input type="checkbox"/> New |
| <input type="checkbox"/> Council | <input type="checkbox"/> Institutional | <input type="checkbox"/> In-campus | <input type="checkbox"/> Amended |

Proponent : _____
 Title of Activity : _____
 Type of Activity : _____
 Objectives : 1. _____
 2. _____
 3. _____
 Date : _____ Time : _____
 Venue/s : _____
 Target Participants : _____
 Estimated Attendees : _____ College : _____
 Budget Allocation : _____ Budget Source : _____
 Guest Speaker (if any) : _____

Submitted:

_____	_____	_____	_____	_____	_____
Project Head	Contact No.	Date	President	Contact No.	Date

Endorsed:

_____	_____	_____	_____
Adviser / Trainer	Date	Chair / SAO / CAO*	Date

Recommending Approval:

_____	_____	_____	_____
Associate Dean**	Date	Director, SDAO	Date

Approved:

_____	_____	_____	_____
College Dean	Date	Dean, OSS	Date

Comments:

LEGEND: *Chair for Program Councils; SAO for Interest Organizations; CAO for PAG
 Chair and SAO for Co-curricular Organizations
 **Not applicable for PAG and Interest Organizations