GENERAL PLAN OF ACTIVITY

Academic Year: _____

Name of Organization

Name of Activity	Date	Venue	Co-sponsor/s or Collaborator/s	r Nature of Activity (cultural, social, academic, etc.)	Relevance/ Purpose	Beneficiaries		Target Output
			Collaborator/s (<i>if applicable</i>)			No.	Type (e.g., students)	

Please use additional sheet, if necessary.

Note: Include only activities that are doable in one academic year.

Filed by:

Attested by:

Noted by:

Signature over printed name

Signature over printed name of the Head

Signature over printed name of the Adviser

Position