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Annex B

LOCAL OFF-CAMPUS ACTIVITIES CERTIFICATE OF COMPLIANCE

Name of HEI : _____
ADDRESS : _____

REGION: XI

INFORMATION:

PROGRAM NAME	COURSE	DESTINATION/S AND VENUE	INCLUSIVE DATES	NUMBER OF STUDENTS	LIST OF PERSONNEL IN-CHARGE

BEFORE THE ACTIVITY:

ACTIVITIES	COMPLIANCE	
	YES/ NO	REMARKS
Curriculum Requirement		
Destination		
Handbook or Manual		
Students		
Consent of the Parents/Guardians/ Medical Clearance of the Students		
Personnel In-Charge		
First Aid Kit		
Fees/Funds		
Insurance		
Mobility of the Student (vehicles) Owned by the HEI Third Party or Subcontracting Franchisee/Travel Agency/ Tour Operator		
LGUs/NGOs		
Activities Orientation to students Consultation Announcements Briefing before the trip Learning Journals Emergency Preparedness Plan		

Certified Correct:

Personnel-In-Charge

Certified by:

Program Head

Attested by:

SAS Director/Unit Head

Recommending Approval:

VPAA/Branch Director

Approved by:

SUC President I