

Organizational Development Request Form

To:

Director, Office of Student LIFE

From: Nameof Requesting Person	on							
Position and Organization								
GoodDay!								
We would like to seekassistace from your good office for the following request(s):								
Assistance Needed	Reason	Tar get Date/Time	Expected No. of Participants					

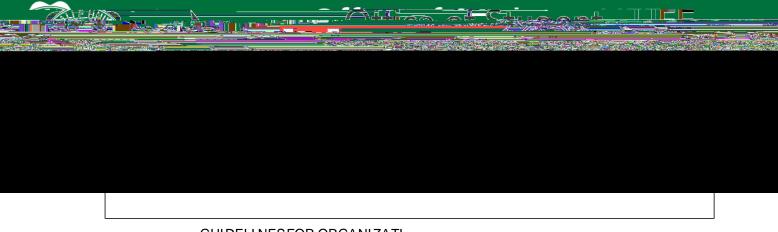
Terms and Conditions

- 1. Request form must be submitted tleast two(2) weeks prior the date of intervention. Please accomplish this form in duplicate.
- 2. Priority will be given to the requesting organization who submits their Organizational Development Request Format an earlier date.
- 3. The requesting organization is only allowed to resched their requested intervention maximum of two (2) times after the condct of the TNA.
- 4. In case of postponement or cancellation of the requested intervention, the contact person of the organization should inform the Office of Stolent LIFE at least thee (3) working days prior the date of the intervention.
- 5. The office of Student LIFE has the righto deny or cancel any request when deemed necessary.

I guarantee that all the information written here are true and correct. I have read and understood the terms and conditions written here and will abide by them.

	Signature over Printed Name of ReceptingPerson
	Position and Orgazation
To be filled up by the Office of StudentLI FE: ReæivedBy: DateReceived:	
Status of Request: Approved Denied	
Remaks:	

Director, Office of Student LIFE



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2.	It is expected that the participants registered participants leave before cancellation and shall merit its corre	e the end of the	program, this shall	program. I likewise l	f 30% of the becommidered	total asa
3.	Theorganization shall provide the f	ollowing				
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