

Organizational Development Request Form

To: Director, Office of Student LIFE

From: _____
Name of Requesting Person

Position and Organization

Good Day!

We would like to seek assistance from your good office for the following request(s):

Assistance Needed	Reason	Target Date/Time	Expected No. of Participants

Terms and Conditions

1. Request form must be submitted at least 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 Form at an earlier date.
3. The requesting organization is only allowed to reschedule their requested intervention maximum of two(2) times after the conduct 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 Student LIFE at least three (3) working days prior the date of the intervention.
5. The office of Student LIFE has the right to 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 Requesting Person

Position and Organization

To be filled up by the Office of Student LIFE:

Received By: _____
Date Received: _____

Status of Request:
Approved
Denied

Remarks: _____

Director, Office of Student LIFE



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2. It is expected that the participants shall be staying until the end of the program. If 30% of the total registered participants leave before the end of the program, this shall likewise be considered as a cancellation and shall merit its corresponding sanctions.
3. The organization shall provide the following
