UNIVERSITY OF THE PHILIPPINES DILIMAN

Office of the Vice Chancellor for Academic Affairs
**OFFICE OF FIELD ACTIVITIES DILIMAN**

**OVCAA OFA Form No. 01**

**ACADEMIC FIELD ACTIVITY**

**REQUEST FORM**

(AFA TYPE 1B, 1C, 2A & 2B)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  | College/Department: |  |  |
| Class/Course: |  | Class Section: |  |  |
| Number of students joining: |  |  |  |

|  |  |  |
| --- | --- | --- |
| UPD Type of Academic Field Activity (AFA): |  |  |
|  |  |  |
| Name of Facilitator/s in the Field | Email | Mobile |
| 1. |  |  |
| 2.  |  |  |

|  |
| --- |
| **AFA Objective/s or Purpose/s**  |
|  |

|  |  |
| --- | --- |
| Inclusive Dates of AFA: |  |
| Complete Address of AFA Site/Location: |
|  |
| Complete Address of the Accommodation: (if applicable) |
|  |
| Mode of Transportation: |  |

|  |
| --- |
| **AFA Itinerary** *(You may use additional sheets.)* |
| **Date/Time** | **Location** | **Activities** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Schedule of Fees** *(You may use additional sheets.)* |
| **Description** | **Unit** | **Quantity** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL** |  |

|  |
| --- |
| **Risk Management Strategies and Procedure (e.g. nearest hospital/clinic, nearest police station, LGU contact)** *(You may use additional sheets.)* |
|  |
| **Alternate Activities for Non-Participants** *(You may use additional sheets.)* |
|  |

|  |  |
| --- | --- |
| Name of travel insurance provider: |  |

Attachments:

1. [ ] Student participation agreements
2. [ ] List of students with contact details including contact details of parents or guardians (emergency contact)
3. [ ] Copy of travel insurance

|  |  |
| --- | --- |
| Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature over printed name of Faculty |  |
| Endorsed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature over printed name of Department Chair/Institute Director | Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of printed name of College Dean/Head of Unit |

***IMPORTANT:*** *After approval of the Dean, please submit a copy of this form with Attachment 2 only (student and emergency contact) to OVCAA Office of Field Activities Diliman at 4F DILC Building OR via email at* *ofadiliman@up.edu.ph* *with subject AFA [College] [Course Number] [Location] [Inclusive Dates] ex. AFA COE CE132 Pampanga Aug 22-23 prior to the departure date*