**OVCAA OFA Form No. 07**

**INDEPENDENT ACADEMIC FIELD ACTIVITY**

**REQUEST FORM**

(AFA TYPE 4A & 4B)

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Contact Person 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 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.)* |
|  |

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

Attachments:

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

|  |  |
| --- | --- |
| Prepared by: |  |
|

|  |
| --- |
|  |
| Signature over printed name of Student |

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|  |  |
| Approved by: |
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|  |
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|  |
| Signature over printed name of Adviser/Faculty-in-Charge |

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