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. |  | |  | |

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| --- |
| **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*](mailto: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*