

	STUDENT'S EXTENSION SERVICE ORIENTATION FORM	Document No.: FM-SO-17-00
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MAPÚA UNIVERSITY
 OFFICE OF THE EXECUTIVE VICE PRESIDENT FOR ACADEMIC AFFAIRS
Office for Social Orientation and Community Involvement Program [SOCIP]



STUDENT ORGANIZATION: _____

TITLE OF ACTIVITY: _____

DATE OF IMPLEMENTATION: _____

LOCATION OF ACTIVITY: _____

CHECKLIST FOR OUTREACH ACTIVITIES:

- ☐ Extension Service Proposal Letter
- ☐ Extension Service Activity Form
- ☐ Post Project Assessment Report
- ☐ Dos and Don'ts During the Activity
- ☐ Student's Extension Service Certification

Remarks:

Acknowledged by:

Signature over Printed Name/Date

Signature over Printed Name/Date

Oriented by:

Signature over Printed Name/Date

Signature over Printed Name/Date