ACTIVITY FORM	
1. Name of Activity:	
2. Date of Event: Time:	
3. Activity in-charge:	
I. Learning Outcomes	
Institutional	1.
Intended Lear	
Outcome	3.
Department	1.
Intended Lear	
Outcome	3.
Activity Inter	
Learning outc	
	3.
II. Description of the Activity	
III. List in details the schedule of the event in sequence:	
IV. Logistics//Materials Needed /Tasking and others	
1v. Logistics//whaterials weeded / rasking and others	
Duamana d have	
Prepared by:	(odit)
	(edit)
	(write the name and designation of activity in-charge
NI - 4 - 1 1	
Noted by:	NIÑA ABIGAIL MUIT BASAY
	Vice-President for Student Affairs
Annroved by	
Approved by:	CD CATHEDINE EDITH O CDUZ O D
	SR. CATHERINE EDITH O. CRUZ, O.P.

Directress/President