

UNIVERSITY OF THE PHILIPPINES MANILA
Office of Student Affairs
Ermita, Manila

(NAME OF ORGANIZATION)

(CATEGORY)

REPORT OF ACTIVITIES
(previous academic year)

DATE	ACTIVITY	VENUE	RECEIPIENTS/BENEFICIARIES	REMARKS

● If the activity is a symposium/lecture, please include names of speakers/lecturers

Prepared by: _____
(Secretary)

Attested by: _____
(Head of the Organization)

(Adviser)