**NOTIFICATION SLIP FOR STUDENT PUBLICATION REQUEST FOR CONDUCT OF ACTIVITY**

|  |  |
| --- | --- |
| **Name of Requesting Student Publication** |  |
| **Date of submission of Request** |  |
| **Name of Activity** |  |
| **Date of Activity** |  |
| **Category:** Within the Campus Off-Campus  Online | |
| **Attachments (*applicable only for off-campus and weekends/overnight activity within the campus):***  Endorsed Letter/SF 12  Photocopy of Parents ID  Medical Certificate  Photocopy of ID  Photocopy of COR  Notarized Parental Consent  List of Participants Name  Certification that the Adviser will accompany the students. | |
| **Recommendation:**   Approved and for signing  For revision/adjustment  Needs additional attachment/document | |
| **Remarks:** | |

**Reviewed by:** **Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Form No.: TSU-SPU-SF-25 | Revision No.: 00 | Effectivity Date: June 24, 2023 | Page 1 of 1 |

Logo

Description automatically generatedA picture containing text, gambling house, room, scene

Description automatically generated Tarlac State University

**OFFICE OF THE STUDENT AFFAIRS AND SERVICES**

**STUDENT DEVELOPMENT AND SERVICES**

**STUDENT PUBLICATION UNIT**

Romulo Blvd., San Vicente, Tarlac City

![Icon

Description automatically generated]()Outlook LogoIcon

Description automatically generated

(045) 606-8131 [spusas@tsu.edu.ph](mailto:spusas@tsu.edu.ph) Tarlac State University – Student Publication Unit

**NOTIFICATION SLIP FOR STUDENT PUBLICATION REQUEST FOR CONDUCT OF ACTIVITY**

|  |  |
| --- | --- |
| **Name of Requesting Student Publication** |  |
| **Date of submission of Request** |  |
| **Name of Activity** |  |
| **Date of Activity** |  |
| **Category:** Within the Campus Off-Campus  Online | |
| **Attachments (*applicable only for off-campus and weekends/overnight activity within the campus):***  Endorsed Letter/SF 12  Photocopy of Parents ID  Medical Certificate  Photocopy of ID  Photocopy of COR  Notarized Parental Consent  List of Participants Name  Certification that the Adviser will accompany the students. | |
| **Recommendation:**   Approved and for signing  For revision/adjustment  Needs additional attachment/document | |
| **Remarks:** | |

**Reviewed by:** **Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Form No.: TSU-SPU-SF-25 | Revision No.: 00 | Effectivity Date: June 24, 2023 | Page 1 of 1 |