**(The following is to be filled in by the Center for Gender and Development)**

**Application No.:**

**Filing Date:**

**Date and Time of Receipt:**

|  |
| --- |
| **APPLICATION FOR SEMINAR** |
| **Name of Activity** |  |
| **Department/Office/College:** |  |
| **Contact Number:** |  |
| **Number of Participants:** |  |
| **Year Level of Participants:** |  |
| **Date and Time:** |  |
| **Venue:** |  |
|  |  |
| **REQUEST FOR BUDGET** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Quantity** | **Cost** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |   |

 |
| **DESCRIPTION OF THE ACTIVITY** |
|  |
| **OBJECTIVES (State general and specific objectives, purpose of the study including problems intended to be solved, hypotheses to be tested, etc.)** |
|  |
| APPROVAL FOR SEMINAR:  Director, GAD Date |
| FUNDS AVAILABLE: Budget Officer Date   |
| RECOMMENDING APPROVAL:   Vice President, RES Vice President, Acad. Affairs Vice President, Admin. and Finance  |
| APPROVED: President Date |