

POLYTECHNIC COLLEGE OF THE CITY OF MEYCAUAYAN

Pag-asa Street, Malhacan, City of Meycauayan, Bulacan (044)815-5587 / pccmbulacan@gmail.com



OFFICE FOR STUDENT AFFAIRS

Requesting P Fitle of the A		iii caiiipas ricciric,	Permission (ICAP) I	OTTI	
Title of the A	rogram/Organizatio	on:			
			Ion malata d		
Nature of the	the General Purpose	ademic Organizati of the Activity:	ion-related		
Coverage of	-	ganizational Section	Program-wide ☐ Colleg	re-wide □ Others (speci	fv):
Specific Venu			Facilities and Equipmen		
Date:			Time: From:	to	
Number of Pa	articipants:		•		
	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Name:					
_					
Student #:					
Section:					
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		ts, attach additional sheet rsigned acknowledge and a			vith v):
		e filled up this form, gave t	-		
			ileli consent and unders	stand all the information	i provided, as well
		nditions stipulated herein.			
		ety protocol and will not ca			
•	• •	ctivity if they have experier	• •	, fatigue, difficulty in bre	eathing, dry cough
	-	o COVID-19 within the last 7			
All participa	ants will maintain cle	eanliness of the venue all th	roughout the activity.		
Facilities, e	quipment, and articl	es within the venue will be	used with due care.		
The activity	will not disrupt con	current activities and class	es near the venue.		
All participa	ants are expected to	act in a responsible manne		are opposed to the rule	es and regulations
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Recommending Approval:

Dr. MA. PAZ G. CONTRERAS

Director, Office for Student Affairs Academic Support and Student Services Division Mr. GERARD M. GAZA

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Physical Plant and Facilities Division Head Administrative Division

Approved: