



Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY
Science City of Muñoz, Nueva Ecija

LOCAL OFF-CAMPUS ACTIVITIES

CERTIFICATE OF COMPLIANCE

Activity:	
Type of Activity:	<input type="checkbox"/> Curricular <input type="checkbox"/> Non-curricular
Date / Time:	
Destination(s) and Venue(s):	

This is to certify that all the processes, procedures and requirements before the conduct of the off-campus activity pursuant to CMO No. 63, s 2017 entitled "Policies and Guidelines on Local Off-Campus Activities" have been duly complied with, and by virtue thereof, we hereby assume full responsibility for the safety and welfare of the students.

Certified Correct:

Reviewed by:

Personnel-in-Charge

Dean/Director

Recommending Approval:

Approved by:

Vice President for Academic Affairs

President

SUBSCRIBED AND SWORN to before me, this _____, by _____
who exhibited to me (his/her) competent proof of identification _____ issued
at _____, Philippines on _____.

Notary Public

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.