



UNIVERSITY OF THE PHILIPPINES MINDANAO

Office of Student Affairs

Student Housing Section



REQUEST FOR CURFEW EXTENSION

(Approval of this form must be 3-5 working days prior to the activity)

Date: _____

PROF. MA. TERESA R. ESCANO

Director

Office of Student Affairs

Dear Maam:

The _____, a recognized student organization in this
(Name of the Organization)

University, for AY _____ will be conducting the _____.
(Name of the Activity)

This will be held at the _____ on _____ between _____.
(Venue) (Date) (Time)

The aim of the activity/ies of the aforementioned is/are as follows:

The Faculty Adviser/Co-Adviser/In-charge will be present in the above-mentioned activity from its start to end and will supervise with prudence and care.

We are respectfully asking permission from your office to EXTEND the curfew until _____

of the following participants. (Attached list of student residents)

We hope for your positive response and approval of this request.

Yours truly,

Endorsed by:

Name & Signature of Organization Head

Name & Signature Faculty Adviser/Co-Adviser/In-charge

Recommending Approval:

Alma T. Marcelino