*(The following is to be filled in by the Office of Gender and Development)*

**Application No.:**

**Date and Time of Received:**

|  |  |
| --- | --- |
| **APPLICATION FOR SEMINAR** | |
| **Name of Activity** |  |
| **Department/Office/College:** |  |
| **Contact Number:** |  |
| **MS Teams Email:** |  |
| **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, OGAD Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |