



Republic of the Philippines  
**ISABELA STATE UNIVERSITY**  
Echague, Isabela

## ACTIVITY PERMIT

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SSC and Student Body Organization     Academic Organization     Religious Organization     Fraternity/Sorority

**DR. JOSE P. GALLENA, JR.**

Executive Officer  
Isabela State University  
Echague, Isabela

Sir:

The \_\_\_\_\_ would  
like to seek your approval to hold \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_. We are expecting \_\_\_\_\_ members/officers  
of the organization/college to attend the said activity, which is expected to end at around \_\_\_\_\_.

Respectfully yours,

\_\_\_\_\_  
President

\_\_\_\_\_  
Adviser/s

Recommending Approval:

\_\_\_\_\_  
Dean

**ENGR. EDMUNDO A. OBIÑA**  
University/Campus Director, OSAS

Approved  
 Disapproved

**JOSE P. GALLENA, JR., DPA**  
Executive Officer

Copy Furnished:    College Organization  
                          Office of Student Affairs and Services (OSAS)  
                          Security Force

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