ACCOMPLISHMENT REPORT

NAME OF ORGANIZATION	· <u> </u>	
NAME OF ACTIVITY	:	
DATE	:	
VENUE	:	
SUPPORTING ORGANIZAT	IONS/AGENCIES:	
PARTICIPANTS	:	
(Pls. attach list of participants,	as applicable)	
BENEFICIARIES OF THE AG	CTIVITY:	
HIGHLIGHTS OF THE ACT	VITY/ACCOMPLI	SHMENTS:
PROBLEMS ENCOUNTERE	D/RECOMMENDA	TIONS:
ACCOMPLISHED BY:		NOTED BY:
Head of Organization		Adviser
(Signature over printed na	me)	(Signature over printed name)

- ✓ Only activities with permits and accomplishment reports will be given points by the committee on accreditation.
- ✓ College-based organizations should accomplish all these through their OSR/OSS while University-based organizations through the Office of Students Affairs (OSA).