



**STUDENT ACTIVITIES CREDIT OF OUT-OF-SCHOOL TRAINING
APPLICATION FORM**

Please write in PRINT

NAME : _____
(Last Name) (First Name) (Middle Initial)

GRADE & SECTION : _____ DEPARTMENT: _____

OUT OF SCHOOL TRAINING : _____
COACH'S ORGANIZATION : _____
ADDRESS : _____

CONTACT NUMBER : _____
EMAIL ADDRESS : _____

Documents to be submitted to the Student Activities Coordinator

Required Documents	Date Submitted	SA Coordinator's Initial
A. Certificate of Official Enrolment	_____	_____
B. Coach's Credentials (e.g., trainings, awards, affiliations)	_____	_____
C. Organisation's Credentials (e.g., trainings, awards, affiliations)	_____	_____

Remarks in Documents Submitted:

_____ Submitted complete set of documents as required.
_____ Submitted incomplete set of documents

Lacking in: _____ Item A _____ Item B _____ Item C
_____ Others (please specify) : _____

Checked by : _____
Student Activities Coordinator

Approved / Disapproved Due to: _____

Approved by: _____
Student Activities Department