



APPLICATION FORM FOR EXTERNAL SCHOOL ACTIVITY
Master of Arts in Communications

Name of Lecturer : _____
Batch : _____
Class Schedule : _____
Subject : _____
Proposed Date of Activity : _____ Venue: _____
Kind of Activity : _____ No. of Students: _____
 Field Trip Seminar Off Classroom Others: _____
Teaching Aid /Equipments Required: _____
 In-Focus Laptop OHP DVD Others: _____

OBJECTIVES:

1.

2.

Note:

1. A representative from the school has to join the activity
2. The representative will re-assure that the teaching aid required is available and be responsible for it to return it to the school
3. Attendance sheet of the lecturers and students will be provided by the representative

Requested by:

Approved by:

Lecturer
Date Proposed:

Academic Manager
Date Approved:

Cc: PD
OM