

Office of Student Affairs
ATENEO DE NAGA UNIVERSITY

ORGANIZATION SUPPORT AND ASSISTANCE PROGRAM (OSAP)

Report 7.0 PROJECT (Please fill up one copy of this form for each activity)

Please refer to the Student Organization Manual for explanation. Do not leave any field blank or unanswered. Observe the word count/sentence limit for certain fields. Note that all organizations seeking recognition must have at least conducted one Project within the school year.

Name of Organization		Target Participants <input type="checkbox"/> International <input type="checkbox"/> National or Regional <input type="checkbox"/> City or University <input type="checkbox"/> College or Village <input type="checkbox"/> Department <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR	
Name of Co-sponsor/s			
Title of Activity or Project			
Name of Beneficiaries			
Venue of the Activity (Complete Address)			
Date of the Activity	No. of Beneficiaries	Frequency of this Activity:	No. of members who participated:
What are the objectives of the activity or project? (Name at least three)			
Brief description of the nature of the activity or project (50 words or less)			
What makes the activity significant? (50 words or less)			
How do you assess the level of impact or positive difference you have made? Please cite concrete examples to support your assessment. (Maximum of 100 words)			

Identify the strengths of the project. (Name at least five)
Identify the weaknesses and areas that need improvement. (Name at least five)

We certify, to the best of our knowledge, that all information presented in this Project Report are based on factual and truthful deliberation of the organization.

PRESIDENT
SIGNATURE OVER PRINTED NAME

MODERATOR
SIGNATURE OVER PRINTED NAME

DATE SUBMITTED: _____

Kindly attach separately the following documents:

1. Schedule or Program of Activities
2. Attendance sheet of members who participated in the activity
3. Five (5) photos of this activity