## UNIVERSITY OF THE PHILIPPINES MINDANAO

PERMISSION TO ENGAGE IN LIMITED PRACTICE OF PROFESSION MANAGEMENT OF PRIVATE ENTERPRISE (Original/Renewal)

Period:	
NAME:	DESIGNATION:
COLLEGE/UNIT:	
STATUS OF BASIC APPOINTMENT:	
<pre>{ } Full-Time</pre>	<pre>{ } Part-Time</pre>
{ } Permanent	{ } Temporary

- A. State briefly the exact nature of the proposed limited practice of profession and the reason/s for engaging it. Explain how it will enhance service to the University.
- B. Indicate time involvement or time schedule : approximate number of hours to be spent in the practice of profession/management of private enterprise.
- A. Indicate where practice of profession/management of private enterprise will be done (state name of organization, if any).

1/ I hereby abide by the rules and regulations approved by the President and the Board of Regents governing limited practice of profession of involvement in outside activities.	4/ Recommending Approval
Signature of Applicant	Chief, HRDO Date
2/ Recommended by:	5/ Recommending Approval:
Chairman Date	VC for Academic Affairs/ Date VC for Administration
3/ Endorsed by:	6/ Approval/Disapproval
Dean/Director Date	Chancellor Date