



EXTENSION SERVICE REQUEST FORM

A. Client Information

Client Name _____ Date of Application: _____
Type of Organization: ___ Government ___ Private ___ Others, *please specify*: _____
Nature of Business/ Organization: _____
Address: _____
Contact Person: _____ Position/Designation: _____
Contact Details: Tel. No. : _____ Mobile: _____
Email Add: _____

B. Service/s Requested

- Training _____
 Consultancy _____
 Technical Assistance _____

C. Details of Service/s Requested

Location of the delivery of service/s: _____

Date of the delivery of service/s: _____

Name and Signature of Requesting Party

Approved by:

College Dean/Campus Director