UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Philippines

EXTENSION SERVICES OFFICE

COMMUNITY OUTREACH COMPLETION REPORT

1. Title	
2. Proponent/s Indicate Name Designation, Office	
5. Lead Unit / College	
6. Collaborating Individual / Agency (Donor/s)	
7. Coordinating Individual / Agency	
8. Classification	☐ Education ☐ Health and Medical Services ☐ Psychosocial Interventions ☐ Skills Development
9. Outreach Duration	
10. Outreach Location	

Narrative Summary
(Include purpose of activity, activities conducted, outputs indicators as means of verification, and accomplishment)
Challenges Encountered
Documentation (Attendance sheet, pictures, communication letters, client satisfaction form

Submitted by:	**Evaluated by:**
Project Leader (Signature over Printed Name)	**Director, Extension Services** (Signature over Printed Name)