



**COMMUNITY ENGAGEMENT AND CICM ADVOCACIES**

**CECA FORM 2: Participation Report**

Document No.FM-CEC-003

Revision No: 00

Effectivity Date: January 2, 2020

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(Please put a cross-mark):                     Outreach     Service Learning     Extension Program

<b>I. Title of activity:</b>	
A. Date conducted:	
B. Place:	
C. Implementer:	
D. Clientele:	

Name	Responsibility/Role/Activity	Signature
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Attested by:

Noted by:

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Project Leader

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CECA Coordinator