

SWOT ANALYSIS

COLLEGE/DEPARTMENT/UNIT :
FMO/KRA/AREA OF CONCERN :

STRENGTH	DESCRIPTION	OPTIONS FOR MINIMIZING OR OVERCOMING WEAKNESS

Prepared by: _____ Name Date:	_____ Plantilla/Designated Position
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ACTIVITY PROPOSAL

NAME OF ACTIVITY	
DATE AND DURATION	
VENUE	
PARTICIPANTS	
COLLABORATORS	
OBJECTIVES	
EXPECTED OUTPUT	
FINANCIAL REQUIREMENT	
ADMINISTRATIVE APPROVAL	

Prepared by: _____ Name Date:	_____ Plantilla/Designated Position
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