CENTRAL PHILIPPINE UNIVERSITY
Iloilo City Philippines

# REQUEST FOR PREPARATION/REVISION OF DOCUMENT

Date of Request (MM-DD-YY): _____

Name of Initiator: _____ Department/Unit: _____

Action Request: (Pls. check)
- ☐ Preparation of New Document
- ☐ Revision of Document

Document No. _____
Title: Risk/ _____

Reason for Preparation/Revision of Document: _____

| Details of Request: *From* | *To* |
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| | _____ (Signature of Initiator) |

(to be filled up by in-charge of Review & Approval)

Request Reference No.: (to be filled up by Doc. Controller) _____

*Pls. Check:*
- ☐ Ok to proceed with Revision or Preparation of Document
- ☐ Disapproved. Reason (s) _____

_____ _____
Name & Signature of Reviewer Date

Approved by:

_____ _____
University President Date

**CPU DOC-Form 01**
**Rev. 01; Effectivity Date: Oct. 1, 2009**

Proper format