Text

Description automatically generated with medium confidence******

**Student Organization Accreditation Application Form**

***INSTRUCTION****: Please fill 2 copies out this form* ***NEATLY and CLEARLY*** *and submit these together with the other requirements.*

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of the Organization:  Academic  Religious/Faith-based  Fraternity and/or Sorority  Service-oriented

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ S.Y.: \_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_ No of Members: **\_\_\_\_\_\_\_**  No. of Officers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Type of Membership:***  New  Renewal\*

*\*Organizations seeking for renewal of recognition must clear all liabilities and requirements from previous academic year.*

*List of Requirements:*

|  |  |  |
| --- | --- | --- |
| For New Applicants:   * Letter of Intent addressed to the Director of the Student Affairs and Services, LCO President and to its Council President * Organization’s Constitution and By Laws * Written Document of the Initiation Rights (for Fraternities and Sororities only) * Confirmation of approval from the Adviser(s) * List of Officers * List of Members * Annual Action Plan * Personal Profile of Every Member * Membership Fee (Php 500.00) |  | For Renewal:   * Letter of Intent addressed to the Director of the Student Affairs and Services, LCO President and to its Council President * Confirmation of Approval from the Adviser(s)(provided that the organization has appointed/elected new adviser(s) for the present school year) * List of Officers * List of Members * Annual Action Plan * Accomplishment Report * Personal Profile of new Members * Membership Fee (Php 500.00) |

# DISCLAIMER

 By the authority vested on me as the President/Representative of our organization, I declare that these information has been accomplished by me and that it is true and correct; that we as an organization understands the provisions stipulated in the policies and guidelines which governs the campus organizations; and, that I am giving permission for the authorized personnel to verify the records of each of our members in the Caraga State University Information System.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

To be filled out by Authorized personnel ONLY.

RECOMMENDATION:

Council President :  Approve  Disapprove \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over printed name*

Descriptive Evaluation/Recommendation (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LCO President :  Approve  Disapprove \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over printed name*

Descriptive Evaluation/Recommendation (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION:**  Approve  Disapprove

Descriptive Evaluation/Recommendation (if applicable)

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ADAM ROY V. GALOLO, PhD

Director, OSAS

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

F-OSAS-ASO-012

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