

UNIVERSITY OF THE PHILIPPINES MANILA
Office of Student Affairs
Ermita, Manila

APPLICATION FOR ACCREDITATION SY 20__-20__

DATE OF FILING: _____
DEADLINE : _____

NAME OF ORGANIZATION : _____

New University-based
 Old: No. of years in existence _____ College-based: _____
(College/Unit)

NUMBER OF MEMBERS : _____
CATEGORY : Cultural Sports/
 Socio-civic Cause Oriented
 Service Religious/Spiritual
 Fraternity/Sorority Special Interest

NAME OF ADVISER : _____
POSITION/DESIGNATION : _____
COLLEGE/UNIT : _____

CONTACT PERSON : _____
ADDRESS : _____
TELEPHONE NO. : _____
CELLPHONE NO. : _____ E-MAIL ADDRESS: _____

OFFICIAL POSITION/
DESIGNATION IN ORGANIZATION: _____

OBJECTIVES OF THE ORGANIZATION: _____

BREIF DESCRIPTION OF THE ORGANIZATION: _____

(Name of person filing the application)

(Signature)

(Position in Organization)

UNIVERSITY OF THE PHILIPPINES MANILA
Office of Student Affairs
Ermita, Manila

(Date)

AFFIDAVIT OF CONSENT

I, the undersigned, a full time faculty of _____ have
(college/unit)
consented to serve as the organization's adviser for the school year 20__ to 20__ and
will assume full responsibility for the conduct of activities of the organization.

I am aware that my consent is necessary in all these activities.

Signature : _____

Printed Name : _____

Unit/College : _____

Department : _____

Designated Faculty Position and Rank : _____

Mailing Address : _____

Telephone No.(s) : _____

Cellphone No. : _____

Fax No. : _____

ORGANIZATION PROFILE

NAME OF ORGANIZATION: _____ ACRONYM: _____

MAILING ADDRESS: _____

OFFICIAL E-MAIL ADDRESS: (*Yahoogroups is not acceptable*) _____

DATE ESTABLISHED: _____

TOTAL NUMBER OF MEMBERS (since establishment up to the present) : _____

MEMBERSHIP DISTRIBUTION

(as of AY 20____-20____)

| | FIRST YEAR* | SOPHOMORE | JUNIOR | SENIOR | MASTERAL | DOCTORAL | TOTAL |
|--------------|-------------|-----------|--------|--------|----------|----------|-------|
| FEMALE | | | | | | | |
| MALE | | | | | | | |
| TOTAL | | | | | | | |

Is your organization incorporated with the Securities and Exchange Commission (SEC)?

NO

YES, When? _____

* First column for those taking up their first undergraduate degree. The second, for those who are now enrolled on their second degree, e.g. Medicine

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(NAME OF ORGANIZATION)

(CATEGORY)

LIST OF OFFICERS
AY 20__-20__

NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
: _____
: _____
Email Address : _____ Cell Phone # : _____



NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
: _____
: _____
Email Address : _____ Cell Phone # : _____



NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
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NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
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NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
: _____
: _____
Email Address : _____ Cell Phone # : _____

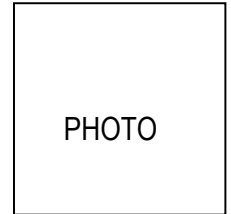


NOTE: Add additional sheets if necessary

UNIVERSITY OF THE PHILIPPINES MANILA
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LIST OF MEMBERS
AY 20__-20__

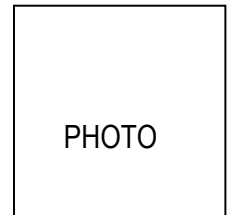
NAME : _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
: _____
: _____
Email Address : _____ Cell Phone # : _____



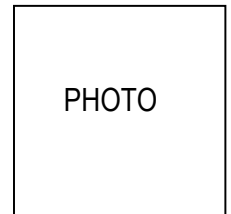
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ADDRESS : _____
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Email Address : _____ Cell Phone # : _____



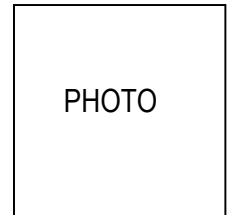
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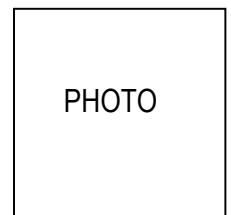
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NAME : _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
: _____
: _____
Email Address : _____ Cell Phone # : _____



NAME : _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
: _____
: _____
Email Address : _____ Cell Phone # : _____



NOTE: Add additional sheets if necessary.

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Ermita, Manila

(NAME OF ORGANIZATION)

(CATEGORY)

REPORT OF ACTIVITIES
(FROM LAST SCHOOL YEAR)

| DATE | ACTIVITY | VENUE | RECEIPIENTS/ BENEFICIARIES | REMARKS |
|------|----------|-------|-------------------------------|---------|
| | | | | |

- If the activity is a symposium/lecture, please include names of speakers/lecturers

Prepared by: _____
(Secretary's Signature)

Attested by: _____
(Head's Signature)

(Adviser's Signature)

UNIVERSITY OF THE PHILIPPINES MANILA
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Ermita, Manila

(Name of Organization)

(Category)

FINANCIAL STATEMENT

AY 20____ - 20____

Starting Cash Balance P _____

Add:

Receipts: (Include all collections for the year)

| DETAILS | AMOUNT |
|---------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total amount available for disbursement ... P _____

Less:

Disbursements:

| DETAILS | AMOUNT |
|---------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Cash Balance as of: _____ P _____
(Date)

FINANCE OFFICER: _____
(Signature over printed name)

AUDITED BY: _____
(Signature over printed name)

ATTESTED BY: _____
(Head of Organization)

(Faculty Adviser)

DATE: _____

**THE DIRECTOR
OFFICE OF STUDENT AFFAIRS
U.P. MANILA**

Dear Director _____:

I _____, head of the _____
Fraternity/Sorority, am fully aware of the University rule prohibiting fraternities and sororities from recruiting freshmen. Therefore, in the event that my fraternity/sorority violates said rule, I will be held liable. Furthermore, I certify to the correctness and completeness of the documents attached to the organization's application for recognition.

Signature

Printed Name

Position

Attested:

Faculty Adviser's Signature

Printed Name

(Name of Organization)

COMPLETE LIST OF OFFICIALLY ENROLLED MEMBERS & OFFICERS
FOR SY 20____-20____

| | NAME | YEAR LEVEL | COLLEGE |
|-----|-------|------------|---------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ |
| 16. | _____ | _____ | _____ |
| 17. | _____ | _____ | _____ |
| 18. | _____ | _____ | _____ |
| 19. | _____ | _____ | _____ |
| 20. | _____ | _____ | _____ |
| 21. | _____ | _____ | _____ |
| 22. | _____ | _____ | _____ |
| 23. | _____ | _____ | _____ |
| 24. | _____ | _____ | _____ |
| 25. | _____ | _____ | _____ |
| 26. | _____ | _____ | _____ |
| 27. | _____ | _____ | _____ |
| 28. | _____ | _____ | _____ |
| 29. | _____ | _____ | _____ |
| 30. | _____ | _____ | _____ |

I certify on my honor that the above is a true and correct list of duly enrolled members and officers of this organization.

Head of the Organization:

(Signature over printed name)

Adviser:

(Signature over printed name)

NOTE: ATTACH ADDITIONAL SHEET IF NECESSARY