

UNIVERSITY OF THE PHILIPPINES MANILA

Office of Student Affairs

Ermita, Manila

APPLICATION FOR ACCREDITATION SY 2019- 2020

DEADLINE : Sept. 16, 2019

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 : _____ POSITION: _____

ADDRESS : _____

TEL NO/CELLPHONE NO. : _____ E-MAIL AD: _____

OBJECTIVES OF THE ORGANIZATION:

BREIF DESCRIPTION OF THE ORGANIZATION: _____

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

(Date)

AFFIDAVIT OF CONSENT

I, the undersigned, a full time faculty of College of _____ have consented to serve as the organization's adviser for the school year 2017 to 2018 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/Rank : _____

Mailing Address : _____

Telephone No.(s) : _____

Cellphone No. : _____

Fax No. : _____

ORGANIZATION PROFILE

NAME OF ORGANIZATION: _____ ACRONYM: _____

MAILING ADDRESS: _____

OFFICIAL E-Mail Ad/FB Page: _____

DATE ESTABLISHED: _____

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

MEMBERSHIP DISTRIBUTION
 (as of AY 2019-2020)

	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

Ermita, Manila

(NAME OF ORGANIZATION)

LIST OF OFFICERS
AY _____

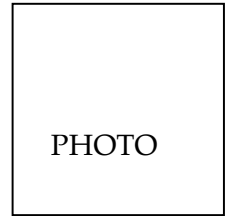
NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____

Email Address : _____ Cell Phone # : _____



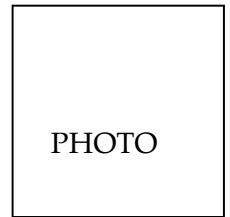
NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____

Email Address : _____ Cell Phone # : _____



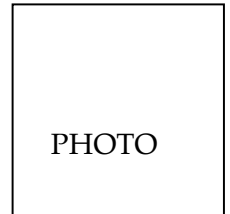
NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____

Email Address : _____ Cell Phone # : _____



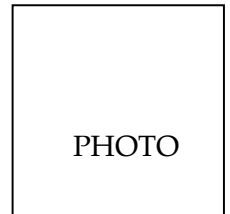
NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____

Email Address : _____ Cell Phone # : _____



NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____

Email Address : _____ Cell Phone # : _____



NOTE: Add additional sheets if necessary

UNIVERSITY OF THE PHILIPPINES MANILA

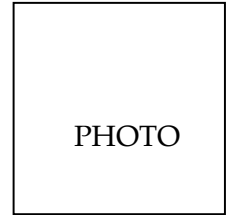
Office of Student Affairs

Ermita, Manila

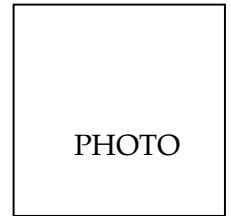
LIST OF MEMBERS

AY _____

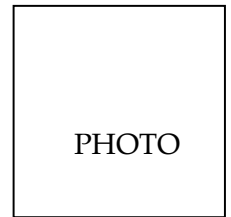
NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
:
Email Address : _____ Cell Phone # : _____



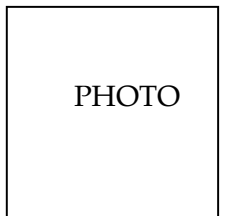
NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
:
Email Address : _____ Cell Phone # : _____



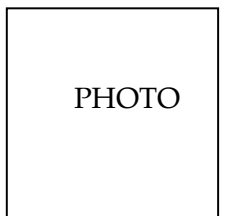
NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
:
Email Address : _____ Cell Phone # : _____



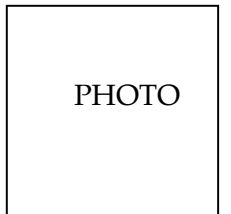
NAME : _____ POSITION: _____
COLLEGE : _____ YR. LEVEL: _____ COURSE: _____
ADDRESS : _____
:
Email Address : _____ Cell Phone # : _____



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



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



NOTE: Add additional sheets if necessary.

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

(NAME OF ORGANIZATION)

REPORT OF ACTIVITIES FOR AY _____

DATE	NATURE OF ACTIVITY	VENUE	Awards/ Recognition
	A. Student Welfare: B. National/Local: C. International: D. Others:		

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

Prepared by: _____
(Secretary's Signature)

Attested by: _____
(Org Head's Signature)

(Adviser's Signature)

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

(NAME OF ORGANIZATION)

PROPOSED ACTIVITIES FOR AY _____

DATE	NATURE OF ACTIVITY	VENUE	Awards/ Recognition
	E. Student Welfare:		
	F. National/Local:		
	G. International:		
	H. Others:		

Prepared by: _____
(Secretary's Signature)

Attested by: _____
(Org Head's Signature)

(Adviser's Signature)

FORM H

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

(Name of Organization)

FINANCIAL STATEMENT

AY _____

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. Announcement:

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 AY _____**

	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.

PURSUANT TO DATA PRIVACY ACT OF 2012, I am giving permission to the Office of Student Affairs for the lawful use of my personal information. I further certify that the information contained are true and correct.

(Signature over printed name)