	FORM	Document No.	WVSU-OSA-SOI-03-F01
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity:	July 10, 2015
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Form A **APPLICATION FOR ACCREDITATION OF SCHOOL ORGANIZATIONS**

Name of Organization _____
 New Old - Number of years of existence _____
 University Based College Based: _____
(Name of College)

Number of Members: _____ Category:
 Cultural Fraternity Cause-oriented
 Service Religious Sports
 Sorority Interest Others _____

Name of Adviser : _____
Position/Designation : _____
College/Unit : _____
Contact Person : _____
Address : _____
Telephone Number : _____ E-Mail Address: _____

Objectives of the Organization:

Brief Description of the Organization:

Name & Signature of Person Filing this Application


Position in the Organization

Form B

AFFIDAVIT OF CONSENT

I, the undersigned and a full-time faculty of the College of _____
_____, agree to serve as the organization's
adviser for the school year _____ and will assume full
responsibility for the conduct of activities of the organization. I am aware that my
consent is necessary in all their activities.

Printed Name & Signature/Date

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ORGANIZATIONAL PROFILE

Name of Organization _____ Acronym: _____

Mailing Address: _____

E-Mail Address: _____

Date Established: _____

Total Number of members since established to present: _____

Membership Distribution:

As of current School Year _____

For College Organizations


Gender	Freshmen	Sophomore	Junior	Senior	TOTAL
Female					
Male					
Total					

For University Organizations

Gender	Freshmen	Sophomore	Junior	Senior	TOTAL
Female					
Male					
Total					

Is your organization registered with the Security and Exchange Commission?


No () Yes () Since when? _____

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_____ Name of Organization

LIST OF STUDENT ORGANIZATIONAL OFFICERS FOR INCOMING SCHOOL YEAR _____

Name _____ Position _____ College/Course/Year & Sec. _____ Contact No. _____ Address _____ Signature _____	1x1 Picture
Name _____ Position _____ College/Course/Year & Sec. _____ Contact No. _____ Address _____ Signature _____	1x1 Picture
Name _____ Position _____ College/Course/Year & Sec. _____ Contact No. _____ Address _____ Signature _____	1x1 Picture
Name _____ Position _____ College/Course/Year & Sec. _____ Contact No. _____ Address _____ Signature _____	1x1 Picture
Name _____ Position _____ College/Course/Year & Sec. _____ Contact No. _____ Address _____ Signature _____	1x1 Picture
Name _____ Position _____ College/Course/Year & Sec. _____ Contact No. _____ Address _____ Signature _____	1x1 Picture
Name _____ Position _____ College/Course/Year & Sec. _____ Contact No. _____ Address _____ Signature _____	1x1 Picture
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ACCOMPLISHMENT REPORT FOR PREVIOUS SCHOOL YEAR _____

Name of Organization: _____ Acronym _____

A. Services to the University

Activity	Level (Nat'l., Regional, Local)	Venue	Date	Target Group

B. Services to own Organization/College

Activity	Level (Nat'l., Regional, Local)	Venue	Date	Target Group

C. Community Extension Services

Activity	Level (Nat'l., Regional, Local)	Venue	Date	Target Group

D. Awards Rewards

Activity	Level (Nat'l., Regional, Local)	Venue	Date	Target Group

Use another sheet if necessary


Note: All listed activities should be supported by approved certified true copies of permits and certifications. Have scrapbook or album with pictures w/captions, if possible.

Submitted by:

Verified Correct:

Printed Name & Signature

Adviser

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Use this format when making:

- a) Liquidation after an activity, or
- b) Financial Report at the end of the Academic Year

Name of Organization

Category according to
Nature of Activities

FINANCIAL STATEMENT for the Period _____

Name of Activity: _____

Date Held: _____

Starting Bank & Cash Balance as of _____ **Php** _____

Add: Income

<i>Nature of Sources</i>	<i>Amount</i>
_____	_____
_____	_____
_____	_____
Total	_____ Php _____
	TOTAL INCOME
	(STARTING BALANCE + INCOME)

Less: Expenses with Receipts

<i>Nature of Expenses</i>	<i>Amount</i>
_____	_____
_____	_____
_____	_____
Total	_____ Php _____
	TOTAL BALANCE
	(TOTAL INCOME - EXPENSES)

Cash Account:

Cash In Hand _____

Cash in Bank _____

Name/Address of Bank: _____

Total Balance as of _____ **Php** _____

Submitted by: _____
Treasurer (Name & Signature)

Audited by: _____
Auditor (Name & Signature)

Attested by: _____
Chairman/Head (Name & Signature)

Adviser (Name & Signature)

OSA Dean/College Dean or Director