

FORM	Document No. WVSU-OSA-SOI-03-F	
FORIVI	Revision No.	0
MEGT VICANAC CTATE	Date of Effectivity:	July 10, 2015
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UNIVERSITY	Page No.	Page 1 of 6

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
()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:
Bird Besonption of the Organization.
Name & Signature of Person Filing this Application
Tame a dignatare of the order than grants of the order of

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



FORM
WEST VISAYAS STATE UNIVERSITY

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ORGANIZATIONAL PROFILE

Name of OrganizationAcronym: Mailing Address: E-Mail Address:						
Date Established: Total Number of members since established to present:						
Membership As of current	Distribution: School Year _					
		For College Org	ganizations			
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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Na	ame of Organization

LIST OF STUDENT ORGANIZATIONAL OFFICERS FOR INCOMING SCHOOL YEAR _____

Name	Position	1x1
College/Course/Year & Sec Address		Picture
College/Course/Year & Sec	Position Contact No Signature	Picture
NameCollege/Course/Year & Sec	Position Contact No Signature	1x1 Picture
College/Course/Year & Sec	Position Contact No Signature	
College/Course/Year & Sec	Position Contact No. Signature	Picture
College/Course/Year & Sec	Position Contact No Signature	Picture
NameCollege/Course/Year & Sec	Position Contact No Signature	1x1 Picture
NameCollege/Course/Year & Sec	Position Contact No Signature	1x1 Picture
Name	Position Contact No. Signature	1x1



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N	lame o	f Orga	nization	

LIST OF STUDENT ORGANIZATIONAL MEMBERS FOR INCOMING SCHOOL YEAR_____

NAME	I.D. No	COLLEGE	COURSE & YEAR LEVEL	CONTACT No.	SIGNATURE



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ACCOMPI	ISHMENT REPORT	FOR PRE	vious s	CHOOL YEAR _		
Name of Organization:				Acronym		
A. Services to the	University			,		
Activity	Level (Nat'l., Regional, Local)	Venue Date		Target Group		
B. Services to ow	n Organization/Colle	ege				
Activity	Level (Nat'l., Regional, Local)	Venue		Date	Target Group	
C Community Ex	tonsion Sorvings					
C. Community Ex						
Activity	Level (Nat'l., Regional, Local)	Venue		Date	Target Group	
D. Awards Rewar	ds	I		<u> </u>		
Activity	Level (Nat'l., Regional, Local)	Ver	nue	Date	Target Group	
	if necessary ivities should be supp e scrapbook or album				s of permits and	
Submitted by:			Ve	rified Correct:		
Printed Name & Si	gnature		Ac	dviser		



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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
FINANCIAL STATEMENT for the Perional Name of Activity:	
Starting Bank & Cash Balance as of	Php
Add: Income Nature of Sources	Amount
Tota Less: Expenses with Receipts Nature of Expenses	
Total	
Cash Account: Cash In Hand Cash in Bank Total Balance as of Php	(TOTAL INCOME - EXPENSES) Name/Address of Bank:
Submitted by: Treasurer (Name & Signature)	Audited by:Auditor (Name & Signature)
Attested by: Chairman/Head (Name & Signature	Adviser (Name & Signature)
OSA Dean/Coll	lege Dean or Director