	APPLICATION FOR APPROVAL/ ACCREDITATION OF SCHOOL ORGANIZATIONS	Document No.	WVSU-OSA-SOI-03-F01
		Issue No.	1
		Revision No.	1
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity	June 9, 2023
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() New Applicant () Renewal

A.Y. _____

Name of Organization : _____

CHECKLIST OF DOCUMENTS TO BE SUBMITTED:

(to be accomplished in 3 sets)

FOR OSA:

- | | |
|--|-------------------------|
| 1. Application for approval/accreditation of Student Organization | () WVSU-OSA-SOI-03-F01 |
| 2. Application for Accreditation of School Organizations | () WVSU-OSA-SOI-03-F02 |
| 3. Organizational Profile | () WVSU-OSA-SOI-03-F03 |
| 4. List of Student Organization Officers for Incoming School Year | () WVSU-OSA-SOI-03-F04 |
| 5. List of Student Organizational Members for Incoming School Year | () WVSU-OSA-SOI-03-F05 |
| 6. Accomplishment Report for Previous School Year* | () WVSU-OSA-SOI-03-F06 |
| 7. Financial Statement* | () WVSU-OSA-SOI-03-F07 |
| 8. Calendar of Activities for the incoming school year | () WVSU-OSA-SOI-03-F08 |

Additional Attachments:

-Constitution and by-laws

-Certified true copies of grades in the previous semester of officers

*- Not required for applying new organizations

Action taken: (By the Accreditation Committee)

() Recommended for Accreditation

() Recommended for Probation

Remarks: _____


USC/CSC, Representative, Member

USC/CSC Adviser, Member

College Dean/ School Director/ Unit Head, Member Guidance Counselor, Member

Approved:

OSA, Dean/Head, Chair Accreditation Committee

	APPLICATION FOR ACCREDITATION OF SCHOOL ORGANIZATIONS	Document No.	WVSU-OSA-SOI-03-F02
		Issue No.	1
		Revision No.	0
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Form A

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 : _____
 Contact 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

	ORGANIZATIONAL PROFILE	Document No.	WVSU-OSA-SOI-03-F03
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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 University / School Organizations


Sex	Freshmen	Sophomore	Junior	Senior	TOTAL
Female					
Male					
Total					

For Campus Organizations

Sex	Freshmen	Sophomore	Junior	Senior	TOTAL
Female					
Male					
Total					

Is your organization registered with the Security and Exchange Commission?

No () Yes () Since when? _____

	LIST OF STUDENT ORGANIZATION OFFICERS FOR INCOMING SCHOOL YEAR	Document No.	WVSU-OSA-SOI-03-F04
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Name of Organization

SCHOOL YEAR _____

Name _____ Position _____
College/Course/Year & Sec. _____ Contact No. _____
Address _____ Signature _____

1x1
Photo

Name _____ Position _____
College/Course/Year & Sec. _____ Contact No. _____
Address _____ Signature _____

1x1
Photo

Name _____ Position _____
College/Course/Year & Sec. _____ Contact No. _____
Address _____ Signature _____

1x1
Photo

Name _____ Position _____
College/Course/Year & Sec. _____ Contact No. _____
Address _____ Signature _____

1x1
Photo

Name _____ Position _____
College/Course/Year & Sec. _____ Contact No. _____
Address _____ Signature _____

1x1
Photo

Name _____ Position _____
College/Course/Year & Sec. _____ Contact No. _____
Address _____ Signature _____

1x1
Photo

Name _____ Position _____
College/Course/Year & Sec. _____ Contact No. _____
Address _____ Signature _____


1x1
Photo



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SCHOOL YEAR _____

[illegible]

	ACCOMPLISHMENT REPORT FOR PREVIOUS SCHOOL YEAR	Document No.	WVSU-OSA-SOI-03-F06
		Issue No.	1
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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

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 with captions, if possible.

Submitted by:

Verified Correct:

Printed Name & Signature

Adviser

	FINANCIAL STATEMENT	Document No.	WVSU-OSA-SOI-03-F07
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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/Head /College Dean or Director

	CALENDAR OF ACTIVITIES	Document No.	WVSU-OSA-SOI-03-F08
		Issue No.	1
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SCHOOL YEAR _____

Date	Activities
First Semester	
Second Semester	

**Use another sheet if necessary.*

**Holidays must be observed.*

**Holding of group activities and gathering shall be based on IATF Guidelines, Resolutions and Other Issuances.*

**Changes in the schedules and other adjustments in the Calendar are subject to approval by the Office of the Student Affairs.*

Submitted by:

Verified Correct:

Printed Name & Signature

Adviser