



APPLICATION FOR ORGANIZATION RECOGNITION/RENEWAL

Date

NAME OF ASSISTANT DIRECTOR

Assistant Director, Office of Student Organizations and Activities
This University

Madam:

The (name of organization) wishes to seek (recognition/renewal) to function as a curricular/co-curricular/extra-curricular student organization in the (College/School), (Campus) for the academic year _____.

In this connection, we respectfully request your good office to grant its permission to operate as a College-based/Campus-wide/University-wide Student Organization, subject to the existing rules and regulations of our university.

Thank you very much.

Respectfully yours,

Organization President

Noted by:

Faculty Adviser

College Dean

Recommending Approval:

SOA Head, _____ Campus

Approved by:

NAME OF ASSISTANT DIRECTOR
Asst. Director, Student Organizations and Activities

Required Attachments: (A) Commitment Letter of the Adviser, (B) Certification of Academic Qualifications, (C) Profile of Student Organization, (D) List of Members, (E) History of the Student Organization, (F) Declaration of the Organization's Revolving Fund, (G) Ratified Constitution and By-Laws, (H) Student Organization Adviser and Officers Profile, (I) Plan of Activities, (J) List of Officers' Specimen Signature

Tracking Number: _____