**STUDENT ORGANIZATION ACCREDITATION FORM**

**FOR ACADEMIC YEAR 20\_\_\_- 20\_\_\_**

FOR TSA USE ONLY:

Date of Release: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM/ DD/ YYYY HH:MM

Released by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Over Printed Name

Print in duplicate and submit this form together with the requirements as listed below. Incomplete documents shall not be processed.

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| **GENERAL DATA** | |
| **NAME OF ORGANIZATION** |  |
| **ARM** (*Faith, Service or Communion)* |  |
| **CLUSTER** (*See attached memorandum*) |  |
| **EXTENT** (*Collegiate or Institutional)* |  |
| **COLLEGE/DEGREE PROGRAM** (*If applicable)* |  |
| **STUDENT HEAD NAME** |  |
| **Signature** |  |
| **Contact Number/ Email Address** |  |
| **FACULTY ADVISER/S** |  |
| **Signature** |  |
| **Contact Number/ Email Address** |  |

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| **ORGANIZATIONAL STRUCTURE** | | |
| **VISION** | **MISSION** | **GOALS** |
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| **LIST OF OFFICERS AND COMMITTEE HEADS** | | | | |
| **NAME** | **YEAR AND SECTION** | **POSITION** | **CONTACT NUMBER** | **E-MAIL ADDRESS** |
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| **REMARKS**  (For TSA Use Only)  \**For list of members kindly see attached form* |  | | | |

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| **STUDENT ORGANIZATION REQUIREMENT CHECKLIST** | | |
| **BASIC REQUIREMENTS FOR PREVIOUSLY ACCREDITED AND PROSPECTIVE STUDENT ORGANIZATIONS** |  | **REMARKS**  (For TSA Use) |
| **Certificate of Good Moral Character** of the Executive Board Officers |  |  |
| **Rules of Internal Governance/ Constitution and By-Laws\*\*** with the Organization’s Official Logo and Description  \*\*Organizations applying for reaccreditation must submit an amended constitution and By-laws |  |  |
| **Previous Academic Year Documentation of Activities/ Accomplishment Report\***  \* These must be accompanied with supporting documents such as approved permits, certifications and pictures with caption |  |  |
| **General Plans and Calendar of Activities for Next Academic Year**  (*See attached form*) |  |  |
| **Declaration of Financial Statement** signed by the Outgoing Treasurer/ VP for Finance and noted by the Faculty Adviser including supporting documents such as official receipts  (*See attached form*) |  |  |
| **Declaration of Organizational Assets and Properties**  (*See attached form*) |  |  |
| **Faculty Adviser Acknowledgement Form** signed by the Immediate Head or Vice Dean  (*See attached form)* |  |  |
| **ADDITIONAL REQUIREMENTS FOR ORGANIZATIONS WITH EXTERNAL AFFILIATIONS** |  |  |
| **Official Letter of Affiliation** |  |  |
| **Certified True Copy of the Constitution and By-Laws of the Mother Organization** |  |  |
| **Terms of Affiliation** |  |  |

**KINDLY LEAVE BLANK FOR TSA USE**

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| **ACTION TAKEN BY THE ACCREDITATION COMMITTEE** | | |
|  | **STATUS** | **REMARKS** |
|  | **APPROVED** |  |
|  | **PROBATIONARY** |  |
|  | **DISAPPROVED** |  |

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| **Evaluated By:** | **Date:** |
| **Floyd Robin M. Puno, PTRP, CWAT, MAE**  Chair, Student Development and Activities Department |  |
| **Approved By:** | **Date:** |
| **Billy Jay N. Pedron, PTRP, MSHSM, CWAT, CSAS, PhD, FHIC**  Dean, The Student Affairs |  |

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| **COMPLETE LIST OF MEMBERS AND OFFICERS** | | | | | | | | |
| **No.** | **NAME** | | | **Gender**  **(M/F)** | **College** | **Course** | **Year/ Section** | **Signature** |
| **Surname** | **First Name** | **M.I.** |
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\*Please Use additional sheets if necessary

I certify on my honor that the above is true and correct list of continuing members and officers of the organization.

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| **Prepared by:** |  | **Attested by:** |
| (Signature Over Printed Name) |  | (Signature Over Printed Name) |
| **Student Head** |  | **Faculty Adviser** |

Please provide the details of the assets owned by the organization. **Write N/A if not applicable.**

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| **DECLARATION OF ASSETS AND PROPERTIES OF THE ORGANIZATION** | | | | | |
| **Section 1. Fixed and Convertible Assets** | | | | | |
| **Item Description** | **Estimated Current Market Value** | **Acquisition** | | | |
| **Unit Cost** | **Year** | **Mode** | **Source of Fund** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 2. Consumables and Supplies** | | | | | |
| **Item Description** | **Estimated Current Market Value** | **Acquisition** | | | |
| **Unit Cost** | **Year** | **Mode** | **Source of Fund** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 3. Cash In Hand** | | | | | |
| **Amount** | | **As of** | | **Source of Fund** | |
|  | |  | |  | |

\*Please use additional sheets if necessary

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| **Prepared by:** |  | **Audited by:** |
| (Signature Over Printed Name) |  | (Signature Over Printed Name) |
| **Treasurer** |  | **Auditor** |

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| **Attested by:** |  |  |
| (Signature Over Printed Name) |  | (Signature Over Printed Name) |
| **President** |  | **Faculty Adviser** |

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| **FINANCIAL STATEMENT** | | |
| **Source of Fund**  (Check all that applies) | **Membership Fee** (Check one Below)   * Annual * Semi-Annual * Quarterly * Others: \_\_\_\_\_\_\_\_ | **Php** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per member |
| * **Student Council Fund** | **Approved Annual Budget:**  **Php** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * **Others** (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | **Php** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Starting Cash Balance** | **As of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MM/DD/YYYY | **Php** |  |

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| --- | --- | --- | --- |
| **Additional Income** | |  |  |
| **Details** | **Amount** |  |  |
|  | **Php** |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | **Php** | **Php** |  |
|  |  | **TOTAL INCOME**  (Starting Balance + Income) | |

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| **Less Expenses** | |  |  |
| **Details** | **Amount** |  |  |
|  | **Php** |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** | **Php** | **Php** |  |
|  |  | **TOTAL BALANCE**  (Total Income - Expenses) | |

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| **Prepared by:** |  | **Audited by:** |
| (Signature Over Printed Name) |  | (Signature Over Printed Name) |
| **Treasurer** |  | **Auditor** |

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| **Attested by:** |  |  |
| (Signature Over Printed Name) |  | (Signature Over Printed Name) |
| **President** |  | **Faculty Adviser** |