



Application for Recognition/Re-accreditation of Student Organization

Name of Organization: _____

Academic Year Last Accredited: _____

PLEASE TAKE NOTE CAREFULLY

1. Please fill up this form in **BLOCK LETTERS**.
2. **ALL** sections must be completed.
3. Applications received after the deadline **WILL NOT** be considered.
4. Incomplete applications **WILL NOT** be acted upon favorably by the Office.

Type of Organization	Fraternity/Sorority		Area of Operation	
		Academic		University
		Departmental		College
		Political/Party		Others (Specify)
		Socio/Civic		
		Religious		
		Year Level Organization		
		Others (Specify)		

LETTER OF INTENT

Bicol University

The Dean
Office of Student Services
Bicol University
Legazpi City

Dear Sir/Madam:

I have the honor to apply for recognition/renewal of accreditation of _____

(Name of Student Organization)

for the school year 20 ____ to 20 ____ . Herewith are the following requirements

Requirements Attached			No. of Members:
Accomplished BU-F-OSS-18 (Triplicate)			
Accomplishment Reports (2 Semesters)			
Audited Financial Reports (2 Semesters)			
Photocopy of Bank Book			
Bank Name :			
Account No. :			
Updated List of Members			
Detailed Program of Activities for 2 semesters			
Recent fliers (clear)			
Constitution & By Law (for new and for those with revision/amendments)			

Thank you.

Very truly yours,

President/Chairman

LETTER OF ACCEPTANCE

I am willing to serve as the adviser of the _____

(Name of Student Organization)

I am willing to devote part of my time to assist the officers and members of the organization to achieve its goals. Further, I accept the responsibility together with the elected officers for any violation of the rules and regulations of the University.

As adviser, I respectfully endorse the application for recognition/renewal of accreditation of said student organization.

Signature over Printed Name

College/Unit



