

OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

STUDENT ORGANIZATION REGISTRATION FORM

Name of Organization:	Abbreviation: Non-Institutional Academic Clubs Socio-Civic Multi-Faith Cultural
New	Renewal
List of Requirements for New Registration	List of Requirements for Renewal
 List of Officers and members Registration Forms (photocopy) of officers and members Calendar of Activities Waivers of Officers and members Constitution and By-Laws Minutes of the Meeting (three meetings) 	 List of Officers and members Registration Forms (photocopy) of officers and members Calendar of Activities Waivers of Officers and members Constitution and By-Laws Financial Report

Organizations are required to have a President, Secretary, & Treasurer

President	
Name:	Contact Numbers
Address:	
Email Address:	
Secretary	
Name:	Contact Numbers
Address:	
Email Address:	
Treasurer	
Name:	Contact Numbers
Address:	
Email Address:	
ADVISOR	

Advisors must be a faculty member of any academic departments of Iloilo Doctors' College. Information about the Advisor Guidelines may be found in the Student Organization Policies and Guidelines. Advisor's signature signifies that he or she is aware of the responsibilities related to advising a student organization.
Department

Advisor's Name:	
	Contact Numbers
Address:	
Email Address:	IDC ID#
Advisor's Signature:	Date:

Please attach List of Officers and Members Form

As president or primary representative of this organization, I assume full responsibility to see that all members, especially officers, are aware of and abide by regulations pertaining to student organization and to see that this organization functions according to its approved constitution. In addition, I recognize my obligation to be this organization's representative to the Iloilo Doctors' College community and to receive official communications and make the contents known to the entire organization. I understand that Iloilo Doctors' College prohibits the practice of hazing, which is defined as physical and/or mental harassment of the new or continuing members, and that the organizations of which I am president has not, does not and will not engage in hazing of any type.

I have read, understand, and agree to the above.

Signature of President _

Office Use Only

AVP for Student Development

AVP for Student Welfare

VP for Student/Alumni Affairs & Sports Development

OSAA FORM 002A-2011 mafos (accomplish in duplicate) 1 COPY FOR STUDENT ORGANIZATION Date Approved

Date Approved

Date _

Date Approved



OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

STUDENT ORGANIZATION REGISTRATION FORM

(List of Officers and Members)

We, the undersigned, request permission from the Office of Student Development to organize for the purpose of becoming an officially recognized student organization of the Iloilo Doctors' College. If this organization is approved, all members, especially officers, are responsible to be aware of and abide by regulations pertaining to student organizations and to see that this organization functions according to its approved constitution. We understand that regulations pertaining to IDC organizations can be found in the Student Handbook, and on the Policies and Guidelines on Student Organizations published by the Office of Student/Alumni Affairs & Sports Development.

NAMES OF INTERESTED STUDENTS	SIGNATURES	STUDENT ID. NO.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Please attach an additional sheet if necessary

Signature of Orga	anizer:	Date:	
	Student Organization has completed all the necessary requirements	OSAA Staff Signature	Date
For Office Use Only	 List of Officers and Members Waiver of Officers and Members Registration Forms (photocopy) of officers and members Constitution and By-Laws Calendar of Activities Financial Report (for Renewal) Minutes of the Meeting (for new registration 		

Please file together with the STUDENT ORGANIZATION REGISTRATION FORM and return to the Office of Student Development/Welfare through the Office of Student/Alumni Affairs & Sports Development



ILOILO DOCTORS' COLLEGE West Avenue, Molo, Iloilo City

Tel. No. 335-8262

OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

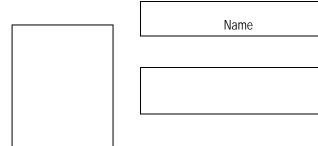
Name of Organization						
		List of	Officers			
	Name		Position	Student ID #	Contact #	Signature
						5
				1		1

Name	Position	Student ID #	Contact #	Signature
	[
	[

Position

Student ID #

RECOMMENDED ADVISER:



College/Department: _____ Previous experience as an Adviser

Name of Organization

No. of Years

Contact #

Signature

Involvement in Campus Activities

Event/ Activity

Involvement



OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

IDC STUDENT ORGANIZATION **PARENT PERMISSION SLIP & WAIVER**

(Date)

To Whom It May Concern:

I allow my son/daughter, Mr./Ms. _____ of

		(Name of Student)	
	to join		
(Course/Year/Section)	,	(Name of Organization)	

I understand that my son/daughter will be obliged to abide by the school rules and regulations as published in the Student Handbook and those established by the Committee on Student Organizations.

Further, I waive my right to take any legal action against the school for any untoward incidents that may happen during his/her membership and involvement in any of the activities, projects or social gatherings of the said organization after all precautionary measures have been exhausted by the school authority.

Respectfully yours,

(Signature of parent or	guardian	over	printed	name)
OSAA FORM 002D-2011 mafos				

West A	OCTORS' COLLEGE venue, Molo, Iloilo City ⁻ el. No. 335-8262
OFFICE OF STUDENT/ALU	MNI AFFAIRS & SPORTS DEVELOPMENT
	DENT ORGANIZATION RMISSION SLIP & WAIVER
(Date)	
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to join (Course/Year/Section)	(Name of Organization)
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	n against the school for any untoward incidents that may happen any of the activities, projects or social gatherings of the said

organization after all precautionary measures have been exhausted by the school authority.

Respectfully yours,

Т

(Signature of parent or g	guardian	over	printed	name)
OSAA FORM 002D-2011 mafos students' COPY				