



ILOILO DOCTORS' COLLEGE

West Avenue, Molo, Iloilo City

Tel. No. 335-8262

OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

STUDENT ORGANIZATION REGISTRATION FORM

Name of Organization: _____ Abbreviation: _____

Institutional

- ____ Varsity
- ____ Working Student
- ____ Performing Arts

- ____ Student Council
- ____ Dance Troupe

Non-Institutional

- ____ Academic
- ____ Socio-Civic
- ____ Cultural

- ____ Clubs
- ____ Multi-Faith

New

Renewal

List of Requirements for New Registration

1. List of Officers and members
2. Registration Forms (photocopy) of officers and members
3. Calendar of Activities
4. Waivers of Officers and members
5. Constitution and By-Laws
6. Minutes of the Meeting (three meetings)

List of Requirements for Renewal

1. List of Officers and members
2. Registration Forms (photocopy) of officers and members
3. Calendar of Activities
4. Waivers of Officers and members
5. Constitution and By-Laws
6. Financial Report

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

President

Name: _____

Address: _____

Email Address: _____

Contact Numbers

Secretary

Name: _____

Address: _____

Email Address: _____

Contact Numbers

Treasurer

Name: _____

Address: _____

Email Address: _____

Contact Numbers

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: _____

Address: _____

Email Address: _____

Advisor's Signature: _____

Contact Numbers

IDC ID# _____

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 _____

Date _____

Office Use Only

AVP for Student Development

Date Approved

AVP for Student Welfare

Date Approved

VP for Student/Alumni Affairs & Sports Development

Date Approved



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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 Organizer: _____ Date: _____

For Office Use Only	Student Organization has completed all the necessary requirements	OSAA Staff Signature	Date
	<input type="checkbox"/> List of Officers and Members <input type="checkbox"/> Waiver of Officers and Members <input type="checkbox"/> Registration Forms (photocopy) of officers and members <input type="checkbox"/> Constitution and By-Laws <input type="checkbox"/> Calendar of Activities <input type="checkbox"/> Financial Report (for Renewal) <input type="checkbox"/> 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



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OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

Name of Organization

List of Officers

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Name	Position	Student ID #	Contact #	Signature
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Name	Position	Student ID #	Contact #	Signature
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RECOMMENDED ADVISER:

Name	Position	Student ID #	Contact #	Signature
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College/Department: _____

Previous experience as an Adviser

Name of Organization	No. of Years
_____	_____
_____	_____
_____	_____
_____	_____

Involvement in Campus Activities

Event/ Activity	Involvement
_____	_____
_____	_____
_____	_____
_____	_____



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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
OSAA COPY



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STUDENTS COPY