



REVISION NO.: **01**
REVISION DATE: **Feb. 12, 2014**

ACCEPTANCE OF ADVISORSHIP

GUIDELINES
(1) THIS FORMS PART OF THE APPLICATION / RENEWAL OF APPLICATION AS AN ACCREDITED STUDENT ORGANIZATION . (2) PLEASE ATTACH THIS FORM TOGETHER WITH ALL THE OTHER DOCUMENTS NEEDED TO APPLY / RENEW ACCREDITATION. (3) ONE ADVISER PER FORM.

TO THE FACULTY MEMBER
A GROUP OF STUDENTS INTENDING TO FORM AN ORGANIZATION OR RENEW THEIR ACCREDITATION FROM THE CENTER FOR STUDENT ACTIVITIES AND DISCIPLINE WOULD LIKE TO SEEK YOUR ASSISTANCE AS AN ADVISER. AN ADVISER IS A BONAFIDE FACULTY MEMBER OF MALAYAN COLLEGES LAGUNA. FOR ORGANIZATIONS, SCIENTIFIC OR TECHNOLOGICAL IN NATURE, MUST SEEK ADVISORSHIP OF THOSE FACULTY MEMBERS QUALIFIED IN THAT SCIENTIFIC OR TECHNOLOGICAL FIELD. AN ADVISER THE RESPONSIBLE TO MALAYAN COLLEGES LAGUNA ON THE RECRUITMENT POLICIES, CONDUCT OF ACTIVITIES, DOCUMENTARY REQUIREMENTS OF THE STUDENT ORGANIZATION AMONG OTHER DUTIES AND RESPONSIBILITIES AS DEFINED IN THE STUDENT CATALOGUE OF INFORMATION. IT SHALL BE PRIMARY CONCERN OF THE ADVISER TO ENSURE THAT THE GOALS AND OBJECTIVES OF THE STUDENT ORGANIZATION IS ACHIEVED AND PROMOTES THE CORE VALUES OF MALAYAN COLLEGES LAGUNA OF EXCELLENCE AND VIRTUE.

ACCEPTANCE OF ADVISORSHIP
<div>_____</div> <div>DATE</div> <div>TO THE CENTER FOR STUDENT ACTIVITIES AND DISCIPLINE:</div> <div>I, _____, A FACULTY MEMBER OF _____, HEREBY ACCEPT THE</div> <div>FULL NAME OF FACULTY MEMBER COLLEGE / DEPARTMENT</div> <div>DUTIES AND RESPONSIBILITIES AS AN ADVISER TO _____.</div> <div>OFFICIAL NAME OF STUDENT ORGANIZATION</div> <div>FURTHERMORE, I UNDERSTAND THE DUTIES AND RESPONSIBILITIES EXPECTED FROM AN ADVISER OF A DULY ACCREDITED STUDENT ORGANIZATION AS STIPULATED IN RULE III SECTION 10 OF THE STUDENT CATALOGUE OF INFORMATION.</div> <div>I GUARANTEE THAT I WILL PROMOTE AND INSTILL THE CORE VALUES, THE MISSION AND VISION OF MALAYAN COLLEGES LAGUNA TO ALL THE OFFICERS AND MEMBERS AND TO ALL THE ACTIVITIES OF THE STUDENT ORGANIZATION.</div> <div>_____</div> <div>SIGNATURE OVER PRINTED NAME / DATE</div>

FORM CSAD-003A

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