**STUDENT ORGANIZATION ACCREDITATION APPLICATION FORM**

**KLD-01-05-F008**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization | : |  | | | | | |
|  | | | | | | | |
| Type of application | : |  | Accreditation |  | Reaccreditation |  |  |
|  | | | | | | | |
| Type of organization | : |  | Knowledge-Based |  | Leadership-Based |  | Dedication-Based |
|  | | | | | | | |
| Application Date | : |  | | | S.Y & Semester | : |  |
|  |  |  | | |  |  |  |
| Social Media Pages link | : |  | | | | | |

(If applicable; enumerate all)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List of officers** | | | | | |
| **Position** | **Name** | **KLD ID** | **Year and Section** | **Contact number** | **KLD email** |
| President |  |  |  |  |  |
| Vice President (Internal) |  |  |  |  |  |
| Vice President (External) |  |  |  |  |  |
| Secretary |  |  |  |  |  |
| Treasurer |  |  |  |  |  |
| Auditor |  |  |  |  |  |
| Business Manager |  |  |  |  |  |
| P.R.O |  |  |  |  |  |
| \*This may change as deemed by constitutional by-laws | | | | | |

Adviser’s profile

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Domain** | **Institute** | **Unit/Office** |
| Adviser |  |  |  |  |
| Co-Adviser |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Roster of members** | | | | | | |
| **No.** | **Name** | **KLD ID** | **Year and Section** | **Contact number** | **KLD email** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

\*Please attach additional pages as needed

**DISCLAIMER**

In my capacity as the President/Authorized Representative of [Organization Name], I hereby certify that the information provided herein and submitted requirements has been personally completed by me and is, to the best of my knowledge, accurate and truthful. Our organization fully acknowledges and agrees to comply with all policies and guidelines governing campus organizations. Furthermore, I authorize the appropriate personnel of Kolehiyo ng Lungsod ng Dasmariñas to verify the records and credentials of each member of our organization, as necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name

***To be filled out by Authorized personnel ONLY.***

RECOMMENDATION:

SADU Head:  Approve  Disapprove \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature over printed name*

Descriptive Evaluation/Recommendation (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION:**  Approve  Disapprove

Descriptive Evaluation/Recommendation (if applicable)

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Dean, ISACEC

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_