



**OFFICE OF STUDENT AFFAIRS AND SERVICES**  
**COMMITMENT FORM**

**THE DIRECTOR/CHAIRPERSON**

**Office of Student Affairs and Services**

**LSPU**

**Thru: The Coordinator, Student Organization Unit**

Sir,

This letter is in connection with the application for recognition of Super Admin Commitment 1 as a LSPU Student Organization.

I, the undersigned, have committed to serve as the organizations Faculty Adviser for the academic year 2024 - 2025, and will therefore assume full responsibility as provided in the guidelines for the recognition of student organizations.

Furthermore, I certify to the correctness and completeness of the documents attached to the organization application for recognition.

Very respectfully yours,

Name: Super Admin Commitment 1

Signature: \_\_\_\_\_

College: COLLEGE OF COMPUTER STUDIES (CCS)

Academic Rank: Instructor II

Home Address: Super Admin Commitment 1

Contact Number(s): Super Admin Commitment 1

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

Noted:

\_\_\_\_\_

Dean/Assoc. Dean of College

Recommending Approval:

AL JOHN A. VILLAREAL

Coordinator, Student Organization Unit

Approved/Disapproved:

DR. ALBERTO B. CASTILLO

Chairperson, Office of Student Affairs and Services