



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 2 as a LSPU Student Organization.

I, the undersigned, have committed to serve as the organizations Faculty Adviser for the academic year 2025 - 2026, 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 2

Signature: _____

College: SENIOR HIGH SCHOOL (SHS)

Academic Rank: Instructor I

Home Address: Super Admin Commitment 2

Contact Number(s): Super Admin Commitment 2

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