



# J.H. CERILLES STATE COLLEGE

Mati, San Miguel, Zamboanga del Sur, 7029

Email add: [dsa@jhcsc.edu.ph](mailto:dsa@jhcsc.edu.ph)



*Office of the Dean of Student Affairs and Services*

## MEMORANDUM OF AGREEMENT

Academic Year \_\_\_\_\_

### NAME OF ORGANIZATION

Name of Adviser	<i>Please attach a 2 x 2 photo here. Adviser's Photo</i>
Birthday	
Home Address	
Mobile No.	
Email Address	
Department	
Employment Status	

This is to certify that I have accepted the responsibility of being the faculty adviser of the above-mentioned organization for the current school year and that I have read, understood and discussed the items covered in the Faculty Advisers Section of the Student Activities Manual and thereby pledge to abide by all the provisions stated therein.

\_\_\_\_\_  
Signature over Printed Name  
Student Organization President

\_\_\_\_\_  
Signature over Printed Name  
Faculty Adviser

**Endorsed by:**

\_\_\_\_\_  
Signature over Printed Name  
Program Chairperson/ School Dean



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*Office of the Dean of Student Affairs and Services*

**Witnessed by:**

Signature over Printed Name  
Student Affairs Department Head

**VENUS M. AVENIDO, MAEd, RGC**

Signature over Printed Name  
Dean, Student Affairs and Services