



UM DIGOS COLLEGE

Name of Organization

Roxas Extension, Digos City

Telefax: (082)553-2914

(Write the date here)

**JOHN RAVEN V. MANULAT, MIT**

Head, Office of Student Affairs

UM Digos College

Dear Sir:

The (name of organization), a (category or nature of organization e.g. academic, civic, religious, cultural), The (name of SO) would like to inform your good office of its intention to apply for (accreditation/re-accreditation) for the school year 2025-2026. As part of the requirements, would like to formally request that the (state the name of the organization) be recognized as a legitimate organization here at UM Digos College. Moreover, here below are the newly elected officers of the organization for A.Y. 2023-2024.

POSITIONS	NAME
President	
Vice President	
Secretary	
Treasurer	
Auditor	
Business Manager	
P.I.O	

Rest assured that in the said school year, the (state the name of org) shall implement its plans and programs and shall submit the reports in compliance with the requirements stated.

Very respectfully yours,

(NAME)  
President, (*the name of student org*)

Reviewed by:

(NAME)  
Adviser, (*the name of student org*)

Noted by:

Recommending Approval:

(NAME)  
Program Head  
(*for academic org*)

**TOMAS A. DIQUITO PhD.**  
Dean of College

Approved by:

**TESSIE G. MIRALLES, PhD.**  
VP – Branch Operations