









## LIST OF OFFICERS

S.Y. 2025-2026

	Name	
	Position	
	Year Level	
	Course	
	Signature	
	Contact Number: <i>(Preferably SMART/SUN/TNT)</i>	
	Name	
	Position	
	Year Level	
	Course	
	Signature	
	Contact Number: <i>(Preferably SMART/SUN/TNT)</i>	
	Name	
	Position	
	Year Level	
	Course	
	Signature	
	Contact Number: <i>(Preferably SMART/SUN/TNT)</i>	



**UM DIGOS COLLEGE**  
**Name of Organization**  
Roxas Extension, Digos City  
Telefax: (082)553-2914

	Name	
	Position	
	Year Level	
	Course	
	Signature	
	Contact Number: <i>(Preferably SMART/SUN/TNT)</i>	
	Name	
	Position	
	Year Level	
	Course	
	Signature	
	Contact Number: <i>(Preferably SMART/SUN/TNT)</i>	
	Name	
	Position	
	Year Level	
	Course	
	Signature	
	Contact Number: <i>(Preferably SMART/SUN/TNT)</i>	



**UM DIGOS COLLEGE**

***Name of Organization***

*Roxas Extension, Digos City*

*Telefax: (082)553-2914*

---