



Republic of the Philippines  
**ILOILO STATE UNIVERSITY OF FISHERIES SCIENCE AND TECHNOLOGY**  
**STUDENT SUPPORT CENTER**

San Enrique, Iloilo | Email: [sanenriquecampus@gmail.com](mailto:sanenriquecampus@gmail.com)  
 Website: [www.isufst.edu.ph](http://www.isufst.edu.ph) | Contact No: (033) 327-3405



## APPLICATION FORM FOR ACCREDITATION OF ORGANIZATION

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

\_\_\_\_\_  
 Campus Administrator  
 ISCOF-San Enrique Campus  
 San Enrique, Iloilo

SIR/MADAM:

The \_\_\_\_\_, a \_\_\_\_\_

would like to apply for accreditation of organization this \_\_\_\_\_ semester of academic  
 year\_\_\_\_\_.

Thank you.

\_\_\_\_\_  
 Name & signature of Representative

\_\_\_\_\_  
 Position/Designation

Attachments:

A. Proposed Constitution & By-Laws	
B. List of Officially Enrolled Founding Members	
C. List of Founding Officers and Faculty Adviser	
D. Certificate of Official Enrolment from the Registrar	
E. Proposed Target Plan	
F. Security Clearance	
G. Written Authority from Religious Supervisor (if applicable)	

**Reviewed by:**

\_\_\_\_\_  
 Chair, SSC

**APPROVED:**

\_\_\_\_\_  
 Campus Administrator



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## APPLICATION FORM FOR RENEWAL OF ORGANIZATION

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

\_\_\_\_\_  
 Campus Administrator  
 ISCOF-San Enrique Campus  
 San Enrique, Iloilo

SIR/MADAM:

The \_\_\_\_\_, a \_\_\_\_\_ would  
 like to apply for renewal of organization this \_\_\_\_\_ semester of academic year \_\_\_\_\_.

Thank you.

\_\_\_\_\_  
 Name & signature of Representative

\_\_\_\_\_  
 Position/Designation

Attachments:

A. Ratified Constitution and By-Laws	
B. List of Officially Enrolled Founding Members complete list of members	
C. List of Founding Officers and faculty Adviser	
D. Certificate of official Enrolment from the Registrar	
E. Proposed Target Plan	
F. Accomplishment Report of the Preceding Year	
G. Financial Report of the Preceding Academic Year	
H. Photocopy of Passbook	
I. Inventory Report	

Reviewed by:

\_\_\_\_\_  
 Chair, SSC

Approved:

\_\_\_\_\_  
 Campus Administrator



## ACCOMPLISHMENT REPORT FOR ORGANIZATIONS

A.Y. \_\_\_\_\_

DATE	ACTIVITIES	PERSON INVOLVED	VENUE	SPONSORING AGENCY	REMARKS

Prepared by:

\_\_\_\_\_  
President of the Organization

Attested:

\_\_\_\_\_  
Adviser of the Organization

Noted:

\_\_\_\_\_  
Chair, Student Support Center

Integrity . Social Justice . Discipline . Academic Excellence

