



## Adviser/Faculty Companion Form

This serves as a notification for the adviser/faculty companion of the student organization for the following indicated activity. The adviser/faculty companion will act as guardian of the participants of the activity.

Please affix a photocopy of the BulSU identification card of the adviser/faculty companion.

**Name of Student Organization:** \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_

**Nature of Activity:** Co-Curricular ☐ Extra-Curricular ☐

**Venue of Activity:** \_\_\_\_\_

**Name of Org Leader/President:** \_\_\_\_\_

**Contact No. of Org Leader/President:** \_\_\_\_\_

**Name of Adviser/Faculty Companion:** \_\_\_\_\_

**Faculty Position:** Regular ☐ Part-timer ☐

**Mobile Number/s:** \_\_\_\_\_

**Landline Number/s:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_  
(Signature over printed name)  
President, Student Organization

\_\_\_\_\_  
(Signature over printed name)  
Adviser/Faculty Companion, Student Organization

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I hereby manifest my understanding that I ought to be present during the whole duration of the activity. I also understand that I have to oversee the members of the organization and the specified activity and to ensure that the guidelines and rules set by Bulacan State University are observed.

I am signing this form as a notification of my accountability for the organization.

\_\_\_\_\_  
(Signature over printed name)  
Adviser/Faculty Companion, Student Organization