



1 x 1

Adviser's Personal Information

Last Name	First Name	M.I.	Employee No.
School Year 20____ - 20____	Name of the Organization	Acronym	
College/Institute/Campus	Contact No.	E-mail Address	
Please blacken-in the box your employment status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part time <input type="checkbox"/> Contractual			
Residence			

In case of emergency, please notify:

Name	Relationship	Contact No.
Residence		

ACKNOWLEDGEMENT:

I hereby certify that all the above information is true and correct to the best of my knowledge and ability. I hereby voluntarily and willingly bind myself with rules, regulations and laws governing BulSU Student Organizations in keeping myself with my obligations as adviser of the organization.

Signature: _____

Date: _____