



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

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