

**OSA Form 2 . Faculty Adviser, Head and Financial Statement**

**Faculty Adviser:**

I, the undersigned, have consented to serve as the organization's adviser for the school year 200-\_\_ - 200\_\_ and will therefore do the following for the organization.

1. Assume full responsibilities for its performance and activities;
2. Be present during all activities, or, if I am not available, I will send a co-adviser in my stead;
3. Monitor closely the activities of the organization;
4. Conduct monthly dialogue/conference/lecture, etc. with the officers and members of the organization on topics of value and interest to them (copy of their activities to be submitted to the OSA);
5. In case the organization violates the rules and regulations of the university, I will assist in locating the violator(s);
6. In case the members of the organization of which I am adviser are victims of any confrontations, I will prevent retaliatory action, and,
7. In case the members of the organization of which I am adviser are the erring ones, I will accompany them to the Office of the Vice-Chancellor for Student Affairs for appropriate action, such as a truce.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

**Head and Officers of the Organization:**

I, \_\_\_\_\_, head of the \_\_\_\_\_, am fully  
(Full Name) (Name of the Student Organization)  
aware of the University Rules on fraternities, sororities and other organizations. Further, as a recognized legitimate student organization living the ideals and standards of excellence of the state university, we, the officers and members of the above mentioned organization, renounce campus violence as our social commitment. Therefore, in the event that my fraternity/sorority/organization violates said Rule, I and my fellow officers will be held liable.

**Signatures of the Head and all Officers of the Organization:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Financial Statement**

(Preceding Year) Academic Year 200\_\_-200\_\_

**Starting Cash Balance:** P \_\_\_\_\_

**Total Collections for the Year:** P \_\_\_\_\_

**DETAILS**

**AMOUNT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use another sheet of paper if this is not enough)

**Total Amount of Disbursements:** P \_\_\_\_\_

**DETAILS**

**AMOUNT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use another sheet of paper if this is not enough)

**Cash Balance as of** \_\_\_\_\_: P \_\_\_\_\_

\_\_\_\_\_  
FINANCE OFFICER'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date