

# OADSPA FORM 1

## RECOGNITION OF CS STUDENT ORGANIZATIONS

**Name of Organization**

**Official Organization Website (if any)**

**E-groups/E-mail Address (if any)**

**Official Representative/s to the CS Council of Organization Leaders (COOL)**

Name/s

Contact Number/s & E-mail Address/es

\*\*\*\*\* DO NOT WRITE ANYTHING BEYOND THIS LINE \*\*\*\*\*

Number of evaluators present: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluation**

**Recommendation/s**

Signed:

Noted:

\_\_\_\_\_  
CSSC Internals Committee Head

\_\_\_\_\_  
CSSC Chairperson

Approved:

\_\_\_\_\_  
Associate Dean for Student and Public Affairs

## OADSPA FORM 2

### MEMBERSHIP PROFILE

Student Organization \_\_\_\_\_

Address of Tambayan (if any) \_\_\_\_\_

Faculty Adviser(s) \_\_\_\_\_

#### A. Composition

##### Officers

COLLEGE	DEGREE & COURSE	NO. OF MEMBERS
CS		
NON-CS		

##### Members

COLLEGE	DEGREE & COURSE	NO. OF MEMBERS
CS		
NON-CS		

#### B. Summary

	CS	NON-CS	TOTAL
Officers			
Members			
<b>TOTAL</b>			

Noted by:

\_\_\_\_\_  
Faculty Adviser

# OADSPA FORM 3

## LIST OF OFFICERS

<b>Name</b>	<b>1X1 Photo</b>
<b>Position</b>	
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

<b>Name</b>	<b>1X1 Photo</b>
<b>Position</b>	
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

<b>Name</b>	<b>1X1 Photo</b>
<b>Position</b>	
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

<b>Name</b>	<b>1X1 Photo</b>
<b>Position</b>	
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

Please attach **Certified True Copy of Form 5** of AY \_\_\_\_\_  
You may photocopy this sheet if needed.

# OADSPA FORM 4

## LIST OF MEMBERS

<b>Name</b>	<b>1X1 Photo</b>
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

<b>Name</b>	<b>1X1 Photo</b>
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

<b>Name</b>	<b>1X1 Photo</b>
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

<b>Name</b>	<b>1X1 Photo</b>
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

<b>Name</b>	<b>1X1 Photo</b>
<b>Student No.</b>	
<b>Degree &amp; Course</b>	
<b>City Address</b>	
<b>Landline/Mobile No.</b>	
<b>E-mail Address</b>	
<b>Parents/Guardian</b>	
<b>Address &amp; Contact No.</b>	

Please attach Certified True Copy of Form 5 of AY \_\_\_\_\_  
 You may photocopy this sheet if needed.

# OADSPA FORM 5

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Student and Public Affairs  
College of Science  
University of the Philippines  
Diliman, Quezon City

**Dear Dr.** \_\_\_\_\_:

We the undersigned, having been elected as officers of:

\_\_\_\_\_  
(Name of Organization)

do hereby swear to pledge our allegiance to the College of Science, University of the Philippines, Diliman. Having been so sworn, we promise to uphold and follow the rules and regulations set by the College of Science Administration and the College of Science Student Council, and to abide by whatever is required of us by the said bodies.

So help us God.

<b>Position</b>	<b>Printed Name</b>	<b>Signature</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Noted by:**

\_\_\_\_\_  
Faculty Adviser

## OADSPA FORM 6

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Student and Public Affairs  
College of Science  
University of the Philippines  
Diliman, Quezon City

Dear Madam.

This is in connection with the application for recognition of:

\_\_\_\_\_  
(Name of Organization)

as a College-based student organization.

I, \_\_\_\_\_ of \_\_\_\_\_  
(Printed Name) (Institute/Department/Program)

have consented to serve as the organization's adviser for the academic year \_\_\_\_\_ and will therefore do the following for the organization:

- 1. Assume full responsibilities for the performance and activities;**
- 2. Be present during all activities or if I am not available, I will send a representative in my stead;**
- 3. Monitor closely the activities of the organization;**
- 4. Conduct monthly dialogue/conference/lectures, etc. with the officers and members of the organization on topics of value and interest to them;**
- 5. In case any member of the organization violates the rules of the University or College, I will assist in locating the violator(s);**
- 6. In case any member of the organization of which I am adviser is a victim of any confrontation, I will discourage retaliatory action, and; in case the members of the organization of which I am adviser are the erring ones, I will accompany them to CS-OADSPA, OSA, OVSCA for negotiation for a truce.**

Furthermore, I certify to the correctness and completeness of the documents attached to the organization's application for recognition.

**Signature** \_\_\_\_\_

**Position** \_\_\_\_\_

**Nature of Appointment** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Landline/Mobile No.** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_



**OADSPA FORM 8**

**FINANCIAL STATEMENT  
ACADEMIC YEAR \_\_\_\_\_**

**Student Organization**

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Outstanding Balance as of _____	.....	<u>P</u>
<b>Income:</b>		
A. Donation	.....	<u>P</u>
Donors:		
1. _____		
2. _____		
3. _____		
B. Net Income from Fund-Raising Activities	.....	<u>P</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
C. Interest on Savings/Time Deposits	.....	<u>P</u>
	<b>TOTAL INCOME</b> .....	<u>P</u>
Less:		
<b>DISBURSEMENTS:</b>		
1. Supplies	.....	<u>P</u>
2. Maintenance & Operating Expenses	.....	<u>P</u>
3. Meetings	.....	<u>P</u>
4. Projects	.....	<u>P</u>
5. Withholding Tax on Savings/Time Deposits	.....	<u>P</u>
6. Others	.....	<u>P</u>
	<b>TOTAL DISBURSEMENTS</b> .....	<u>P</u>
<b>OUTSTANDING BALANCE</b>	.....	<u>P</u>
Cash on Bank	.....	<u>P</u>
Cash on Hand	.....	<u>P</u>
	<b>GRAND TOTAL</b> .....	<u>P</u>
	PLUS: COLLECTIBLES .....	<u>P</u>

**Prepared by:**

**Approved by:**

\_\_\_\_\_  
Outgoing Treasurer

\_\_\_\_\_  
President

**Noted by:**

\_\_\_\_\_  
Faculty Adviser



# OADSPA FORM 9

## INCOME STATEMENT

**Student Organization**

**Nature of Fund Raising Activity**

**Date of Activity**

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### GROSS INCOME

1.	.....	P
2.	.....	P
3.	.....	P
4.	.....	P
5.	.....	P
6.	.....	P
	<b>TOTAL</b> .....	P

### LESS EXPENSES

1.	.....	P
2.	.....	P
3.	.....	P
4.	.....	P
5.	.....	P
6.	.....	P
	<b>TOTAL</b> .....	P

**NET INCOME** ..... P

**Prepared by:**

\_\_\_\_\_  
Treasurer

**Audited by:**

\_\_\_\_\_  
Auditor

**Approved by:**

\_\_\_\_\_  
President

**Noted by:**

\_\_\_\_\_  
Faculty Adviser