



UNIVERSITY OF THE PHILIPPINES CEBU
Lahug, Cebu City

CERTIFICATION OF ADVISERSHIP

THIS IS TO SIGNIFY that I _____, a faculty member of the _____ Cluster would like to inform you that I am willing to assume the position of adviser-ship of _____ for the academic year _____.

THIS IS TO CERTIFY further that I accept the following as my duties and responsibilities:

To guide the members of the organization toward wholesome student behavior characterized by high morality and in conformance with the University Code of Student Conduct and Discipline and Revised Rules and Regulations Governing Fraternity and Other Student Organization-Related incidents.

To be jointly responsible with the organization's officers for the conduct of the members of the organization in all approved activities held inside or outside of the campus.

IN ACCEPTANCE of my responsibilities whereof, I affix my signature on this _____ day of _____, 20_____.

Name and Signature of Adviser

Contact Number

Email Address

Date Signed

Noted:

Division/Department/ Cluster Chair