



UNIVERSITY OF THE PHILIPPINES CEBU
Lahug, Cebu City

CERTIFICATION OF CO-ADVISERSHIP

THIS IS TO SIGNIFY that I, _____, a
_____ in the Office/Cluster of _____ would like
to inform you that I am willing to assume the position of Co-Adviser 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 Co-Adviser

Contact Number

Email Address

Date Signed

Noted:

Unit Head/Immediate Supervisor