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De La Salle University
Office of Student LIFE

FACULTY ADVISER'S INFORMATION SHEET

Organization:			
Name: (Last, First, Middle)			
Nickname:	Birthday:		
Home Address:			
Phone:	Mobile No.:	E-mail Address:	
Department:			
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

This is to certify that I have accepted the responsibility of being the faculty adviser of the above mentioned organization for the current school year and that I have read, understood and discussed the items covered in the Faculty Advisers' Manual and thereby pledge to abide by all the provision stated therein.

Faculty Adviser
Printed name and signature

Organization President
Printed name and signature

Endorsed by:

Department Chair
Printed name and signature

Noted by:

Ms. Evelyn Lopez-Esparrago
Director, Student LIFE

Ms. Fritzie Ian P. De Vera
Dean, Student Affairs