

Attach 2x2 Colored  
Picture with printed  
name at the back



# De La Salle University

## NON-FRATERNITY CONTRACT

*Note: Please submit your duly accomplished NFC Form at Student Discipline Formation Office (SDFO)*

I, (SURNAME, FIRST NAME, MIDDLE NAME) \_\_\_\_\_,  
(NATIONALITY) \_\_\_\_\_, with Degree Program \_\_\_\_\_ and ID  
No. \_\_\_\_\_, from the College of \_\_\_\_\_, born on (DATE OF BIRTH)  
\_\_\_\_\_ and \_\_\_\_\_ with residence \_\_\_\_\_ and postal address \_\_\_\_\_ at  
\_\_\_\_\_ with the contact  
number \_\_\_\_\_, from (LAST SCHOOL ATTENDED) \_\_\_\_\_, after  
having been duly sworn to in accordance with the University's rules and regulations, hereby depose and state that:

*Please CHOOSE ONE statement which APPLIES to YOU and MARK IT with an X:*

1.1  I am not and have never been a member of (whether active, inactive, dormant, resigned, dismissed, or otherwise disengaged in any other manner) of any fraternity, sorority, or any organization similar to fraternities and sororities.

**OR**

1.2  I was once a member of a fraternity, sorority, or any organization similar to fraternities and sororities described in 1.1 above, but I have permanently and irreversibly ceased to be a member thereof (either by resignation, dismissal, or any other form of disengagement) since \_\_\_\_\_. As proof of my disengagement from such fraternity, sorority, organization or association, I attach hereto the following document \_\_\_\_\_, the authenticity of which and the veracity of the contents thereof I hereby affirm.

2. For the duration of my entire stay in the University, I shall not join any fraternity or organization not recognized by the UNIVERSITY;
3. I acknowledge and understand that my admission to the University is a privilege and not a right and that the UNIVERSITY has the right and authority to choose the persons or individuals that may be admitted as students of the UNIVERSITY.
4. I acknowledge and understand that the University has likewise the authority to prescribe rules and regulations governing membership of students in any fraternity, sorority, organization or association, whether within or outside the University, pursuant to its right to establish disciplinary rules and regulations.
5. I recognize and accept that my continued stay in the UNIVERSITY is subject to my compliance with prescribed discipline policies, rules, and regulations especially with my non-membership in fraternities, sororities or organizations as defined by Section 1.1.

**6. I understand and accept that the UNIVERSITY can:**

**6.1 *invite me for a random interview* regarding the NFC or for any incident related to fraternity, sorority, or any unrecognized organization in which my name may be allegedly implicated; and**

**6.2 *either dismiss or expel me* if I would be found having violated the conditions to this affidavit as well as having falsely certified any information stated herein.**

7. I am executing and submitting this affidavit as a prerequisite of my admission as a student of the UNIVERSITY.

8. I fully understand that the information and data contained herein is confidential.

9. I am giving my permission to the Student Discipline Formation Office (SDFO) to utilize the information I provided for future case consultations and researches.

\_\_\_\_\_  
**SIGNATURE above Printed Name**  
**Date signed:** \_\_\_\_\_

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**ONLY IF STUDENT IS OF LEGAL AGE:**  
**(At least 18 years old)**

**ONLY IF STUDENT IS A MINOR:**  
**(Below 18 years old)**

_____ <b>Signature over Printed Name</b>
<b>Student's GOVERNMENT-ISSUED ID:</b> <b>Type of ID:</b> _____ <b>ID No.:</b> _____ <b>Date of Issue:</b> _____ <b>Place of Issue:</b> _____ <b>Date of Expiration:</b> _____

_____ <b>Signature over Printed Name</b>
<b>Parent's/Guardian's GOVERNMENT-ISSUED ID:</b> <b>Type of ID:</b> _____ <b>ID No.:</b> _____ <b>Date of Issue:</b> _____ <b>Place of Issue:</b> _____ <b>Date of Expiration:</b> _____

**SUBSCRIBED AND SWORN TO BEFORE ME** on this \_\_\_\_\_ day of \_\_\_\_\_, in \_\_\_\_\_ (city/municipality/province), by the above student and/or parent/guardian, exhibiting to me the above-stated valid ID.

**WITNESS MY HAND AND SEAL** on the date and place first, mentioned.

STUDENT'S THUMBMARK	
LEFT	RIGHT

**(NOTARY PUBLIC)**

**Doc. No.** \_\_\_\_\_  
**Page No.** \_\_\_\_\_  
**Book No.** \_\_\_\_\_  
**Series of** \_\_\_\_\_