



Republic of the Philippines

**Mindanao University of Science and Technology**  
*(Formerly Mindanao Polytechnic State College)*

Lapasan, Cagayan de Oro City

Tel. Nos.: (088) 856-1738/856-1739 loc 114 Student Affairs Office; Tel. Fax: (088) 856-4696

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**ADVISORSHIP ACCEPTANCE LETTER**

Office of the  
Vice-President for Student  
Affairs

**DR. JUANA M. DE LA RAMA**  
Vice-President for Student Affairs  
This University

Dear Dr. De La Rama:

Greetings!

It is my honor and privilege to accept as the New Adviser of the  
\_\_\_\_\_ [Name of Organization] for the  
School Year \_\_\_\_\_.

I will faithfully discharge my duties and responsibilities in accordance with the policy of the University (Article VII, Sec. 4.3 Responsibilities of the Adviser) being the Adviser of the organization, to wit:

1. I will actively participate in competency enhancement activities for moderators such as general assemblies, consultation meetings, mid-year and yearend evaluations, trainings and seminars/workshops;
2. I will attend student organization activities such as basic orientation seminars, general assemblies, mid-year and year-end evaluations of the organization of which he/she is the moderator;
3. I will make himself/herself available for consultation by the students concerned;
4. I will submit a mid-year and year-end evaluation to the SAWU;
5. As moderator together with the organization president/head, is directly responsible for seeing to it that all members of the organization under my guidance shall observe discipline and proper behavior, particularly during general assemblies, acquaintance parties, intramurals, and other large, public gatherings in the campus;
6. I shall act as signatory of official documents and transactions of the organization; and
7. I will supervise the entire activities of the organization, which are approved by competent university authority.

Yours truly,

\_\_\_\_\_  
Signature Over Printed Name of the Faculty

Date: \_\_\_\_\_

Attested/Witness by:

\_\_\_\_\_  
Officer's Signature Over Printed Name

Date : \_\_\_\_\_

\_\_\_\_\_  
Officer's Signature Over Printed Name

Date : \_\_\_\_\_