

Office of Student Affairs
ATENEO DE NAGA UNIVERSITY
ORGANIZATION SUPPORT AND ASSISTANCE PROGRAM (OSAP)

CHECKLIST				
Name of Organization:				
Part I: APPLICATION REQUIREMENTS <small>(Start of Academic Year)</small>	COM	INC	DATE SUBMITTED	REMARKS
A. APPLICATION PACKET*				
1. Form 1.0 Organizational Data				
2. Form 2.0 List of Members				
3. Form 3.0 Leader's Profile				
4. Form 4.0 Moderator's Certificate				
5. Form 5.0 Planning				
6. Form 6.0 Calendar of Activities				
B. FOUNDATIONAL DOCUMENTS*				
1. Doc 1.0 Vision				
2. Doc 2.0 Mission				
3. Doc 3.0 Core Values				
4. Doc 4.0 History				
5. Doc 5.0 Constitution and By-laws				
Part II: PROGRAMS EVALUATION CRITERIA <small>(End of Academic Year)</small>				
P 1.0 Management and Operation [MAO]*				
1. Report 1.0 Semester Accomplishment				
2. Report 2.0 Minutes of Meeting				
3. Report 3.0 Finance				
4. Report 4.0 Recruitment				
5. Report 5.0 Elections of Officers				
6. Report 6.0 Evaluation				
P 2.0 Spiritual Formation [SPF]				
P 3.0 Education and Skills Development [ESD]				
P 4.0 Social Advocacy and Involvement [SAI]				
P 5.0 Team-Building [TEB]				
P 6.0 Project [PRO]				
P 7.0 OSA Sanctioned Activities [OSA]				

1. (*) Required for organizations applying for Recognition.
2. Please read the instructions for filling up and submission that are indicated in each of these forms very carefully.