

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

FORM 1.0 ORGANIZATIONAL DATA

The Organizational Data contains basic information of the student organization.

Name of Organization		Acronym	<i>Paste logo or seal of the organization</i> <i>Do not staple the logo or seal.</i>
Umbrella Organization <small>(local, national or international)</small>	Facebook Account	Password (Confidential)	
Co-curricular <input type="checkbox"/> Arts & Sciences <input type="checkbox"/> Business & Accountancy <input type="checkbox"/> Computer Studies <input type="checkbox"/> Education <input type="checkbox"/> Engineering <input type="checkbox"/> Nursing	Extra-curricular <input type="checkbox"/> Culture & Arts <input type="checkbox"/> Sports & Athletics <input type="checkbox"/> Leadership <input type="checkbox"/> Political Party <input type="checkbox"/> Publication <input type="checkbox"/> Religious	<input type="checkbox"/> Social Involvement <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____ <small>Please check classifications that best apply to your organization</small>	Do you occupy an office in the campus? <input type="checkbox"/> Yes. <input type="checkbox"/> No.

I certify, to the best of my knowledge, that all information presented in this application packet are accurate and valid.

PRESIDENT
 SIGNATURE OVER PRINTED NAME

MODERATOR
 SIGNATURE OVER PRINTED NAME

DATE SUBMITTED: _____

LEAVE THIS SPACE FOR OSA REMARKS