

**UNIVERSITY OF THE PHILIPPINES MANILA**  
Office of Student Affairs  
Ermita, Manila

\_\_\_\_\_  
(Date)

**AFFIDAVIT OF CONSENT**

I, the undersigned, a full time faculty of \_\_\_\_\_ have  
(college/unit)  
consented to serve as the organization's adviser for the school year 200\_ to 200\_ and  
will assume full responsibility for the conduct of activities of the organization. I am aware  
that my consent is necessary in all these activities.

Signature : \_\_\_\_\_  
Printed Name : \_\_\_\_\_  
Unit/College : \_\_\_\_\_  
Department : \_\_\_\_\_  
Designated Faculty Position and Rank : \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.(s) : \_\_\_\_\_  
Pager No. : \_\_\_\_\_  
Fax No. : \_\_\_\_\_