CENTRAL PHILIPPINE ADVENTIST COLLEGE



Mailing Address: P.O. Box 420, 6100 Bacolod City, Philippines College Site: Alegria, 6129 Murcia, Negros Occidental Web Site: www.cpac.edu.ph

Office of the VP-Student Administration

WRITTEN UNDERTAKING ON NON-FRATERNITY INVOLVEMENT

ID Number:Email Address:		Course:	Year			
	ent's Contact No:					
l,	born on	in _	and			
	n residence and postal address at					
	ing been duly sworn in accordance with law, d					
1.	I voluntarily choose Central Philippine Adventist College (hereinafter called the College) as my school and I understand that it is a school whose philosophy, mission, practices and core values are distinctively Adventist since it is owned by the Seventh-day Adventist since it is owned by the Seventh-day Adventist Church.					
2.	I understand that the College does not authorize, allow, recognize fraternities, sororities, a other organizations of similar nature and characteristics as such organizations have practic that contradict the practices and core values of the College;					
	I am not a member of any fraternity, sorority or organization not recognized by the College; or					
	I am a member of organization which the College relinquishing my membership from Central Philippine Adventist College rules and regulations related to the	e does not recomment the said Frate ge, and I am voluing.	ognize, but I am hereinafter rnity/Sorority while enrolled at ntarily submitting to the College			
4.	I do not intend to join nor will I join any fraternity or sorority. Neither do I intend to organizand form any fraternity, sorority or group of similar nature or conduct activities related to any fraternity, sorority or group of similar nature during my entire stay in this College;					
5.	I fully acknowledge and understand that my admission to the College is a privilege, and not a right, and that the College has the right and authority to choose the persons or individuals that may be admitted as students of the College;					
6.	I acknowledge and understand that the Col and regulations governing non-membersh organization in the College and that the sch	nip of students	in any fraternity, sorority, or			

are based on the constitutional right of schools of higher learning to prescribe the conditions they may require of any persons or individuals aspiring to become their student. I am

a. It is the right of schools of higher education to withhold recognition to fraternities, sororities or organizations considered inimical to peace and order in school

therefore conforming to the following rationale of the College in this regard:

campus;

fn: Fraternity-MOA

- The formation of exclusive organizations or groups in the College is disruptive of the unity and peace the College wished to foster among members of the academic community;
- c. The presence of fraternities or sororities has in the past contributed to campus violence;
- d. The membership in fraternities or sororities has a tendency to develop an attitude of exclusivity and sometimes hardened character in students which is contrary to the College's mission, beliefs, and values; and
- e. The absence of fraternities or sororities helps in the broadening of friendship among CPAC students and eliminates the divisive effects of exclusive organizations.
- 7. I recognize and accept that my continued stay in the College is subject to my compliance with prescribed discipline policies, rules and regulations especially with my non-membership in fraternities or sororities; and
- 8. I understand and accept that the College can either dismiss or expel me if I would be found having violated the condition to this written undertaking as well as having falsely certified any information stated herein.

I am executing and submitting this undertaking as a prerequisite of my admission as a student of the Central Philippine Adventist College.

	Signature over Printed Name		Date	
		WITNESSES:		
	Signature over Printed Name		 Date	
	Signature over Printed Name		Date	
*If applicant is I	pelow 18 years old, the signature of the	parent is required.		
by the above of residence.		ner valid identificatio		 :ate
WITNESS MY	HAND AND SEAL on the date and pla	ace first, mentioned.		
Doc. No.: Page No.: Book No.: Series of:				

fn: Fraternity-MOA