**CHECKLIST OF REQUIREMENTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COMPLETE NAME** | **STUDENT NO.** | **DEGREE PROGRAM** | **YEAR LEVEL** | **Certificate of Candidacy** | **COR** | **\*MY CURRICULUM** | **CERT. OF GOOD MORAL** | **\*\***  **ROR** | **LEADERSHIP**  **CERTIFICATE / CERTIFICATE OF INCUMBENCY** | **CERT. OF COMMUNITY INVOLVEMENT** | **Data Privacy Waiver** | **Parent’s / Guardian’s Consent** | **Leave of Absence (if applicable)** | **REMARKS** |
| PRESIDENT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VICE PRESIDENT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SECRETARY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TREASURER |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AUDITOR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PRO |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name Signature over Printed Name

\* Remaining units should allow the candidate to stay for 2 years

\*\* No failing grade or authorized withdrawal in courses enrolled in the semester preceding the election