Republic of the Philippines
Sorsogon State University
Office of the Student Development and Services
STUDENT COUNCIL AFFAIRS UNIT
Magallanes Campus
Aguada Norte, Magallanes, Sorsogon
Tel. No.; 056 311-5437; Email Address: magallanescampus@sorsu.edu.ph

BAGONG PILIPINAS

CERTIFICATE OF CANDIDACY

Candidate Code	

2X2 Picture

I hereby announce my candidacy for the position of _____ for the **Supreme Student Counc**
Magallanes Campus, inclusive for the **Academic Year 2025-2026,** and after having been sworn to in accordance w
the policies and guidelines, **I hereby state the following:**

1. **NAME**:
1.1. Last Name:
1.2. First Name:
1.3. Middle Name:

5. **SEX**:
M ☐ **F** ☐

6. **AGE:** _____

7. **DATE OF BIRTH**:
__ __ - __ __ - __ __
Month Day Year

2. **NICKNAME OR STAGENAME** (Indicate any nickname or stage name):

3. **COURSE/YEAR/SECTION**

8. **PLACE OF BIRTH**:
8.1. City/Municipality: _____
8.2. Province _____

4. **PARENT or GUARDIAN**:
4.1. Mother:
3.1.1. Address:
3. 1.2. Phone No.:

4.2. Father:
3.2.1. Address:
3. 2.2. Phone No.:

9. **CIVIL STATUS**: _____

5. **EDUCATIONAL BACKGROUND**
5.1. Elementary:
Name:
Honor Received:
5.2. Junior High School:
Name:
Honor Received:
5.3. Senior High School:
Name:
Specialization:
Honor Received:
5.4. Tertiary:
Name:
Specialization:
Honor Received:

ACADEMIC DURATION
____ - ____
____ - ____
____ - ____
____ - ____

I

9. **AFFILIATION IN SorSU ORGANIZATIONS:**

Name of Organization	Position	Year

9. **VALID FINGERPRINT**

10. **REASON/S FOR FILING:**

hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature over printed name

Reviewed by:

MARGIELINA G. MELITANTE
Student Council Affairs Unit Coordinator

Noted by:

ROBERT G. BUBAN, MEd, MAM-AS
Student Development and Services Coordinator

Attested by:

LYNN C. MENDOZA, MSc.
Campus Director