



CERTIFICATE OF CANDIDACY

I _____ of _____ a student of (Full name
of Candidate) (Party)

_____ and residing at _____,
(University/Institute) (Address)

hereby declare my candidacy for the position of _____ of Student

Societies/USC for Academic Year _____.

Student ID No.

Contact Number:

Email Address:

Signature over Printed Name

of Candidate

Date



APPLICATION FOR CANDIDACY

Name: _____ Age: _____ Student No.: _____

Course: _____ Curr. Year: _____ No. Of Unit Load: _____

Institute: _____

Present Address: _____

Home Address: _____

Contact Number: _____

Position Applied for:

Executive:

School Year: _____

Legislative

Student

Societies

Political Party Affiliation

Independent

Political Party

I further declare the followings:

1. I am enrolled at least two (2) semesters in the University in accordance with the residency requirement.
2. I am physically fit as certified by the Physician.
3. If elected as officer of the Student Societies/USC. I will not run for any elective or appointive major position in the student publication/ university-based organizations during my incumbency.
4. I have read the election guidelines/ election code and understand its content and hereby adhere to the guidelines set by the Commission of Student Election.
5. I fully understand the task expected of me in the position I am applying for. Signed on this _____ day of __2025 at Davao Oriental State University, Guang-guang Dahican, City of Mati.

Noted: **FELIPE JR M. CERGAS, MAEd**
OSA Head

Signature over Printed Name of Applicant



CERTIFICATION

The applicant is currently carrying a normal load prescribed by the Institute.

GRACE D. ANTIPOLLO, MPA
Registrar III

The applicant has not been found guilty of any disciplinary case or any act of moral turpitude, as defined in the Penal Code. The applicant must have a good moral character.

Noted: **FELIPE JR M. CERGAS, MAEd**
OSA Head

EVANGELINE R. RIVERA, Ph.D.
Director for Student Affairs &
Services

RECOMMENDATIONS:

The faculty members has the option to use the separate sheet and place it in a sealed envelope address to the Commission on Student Election.

Name of Professors	Remarks/Recommendations	Signature
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Note:

1. At least 3 Instructors/Professors of the candidate must attest his/her scholastic character and leadership abilities.
2. Failure on the part of any candidate for any position to comply with any of the requirements specified above shall be ground for his/her disqualification from running in the election.
3. Misinterpretation of facts or tempering with/ falsifying of official records will be a basis for disqualification both as a candidate forthcoming election.
4. After filling this application, no candidates (except independent) can change party affiliation before or during the election period.



Republic of the Philippines

DAVAO ORIENTAL STATE UNIVERSITY

A university of excellence, innovation, and inclusion



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