

**DEPARTMENT OF SCIENCE AND TECHNOLOGY
SCIENCE EDUCATION INSTITUTE
Bicutan, Taguig City**

Please attach here
latest photograph

Size "2x2"

**INFORMATION SHEET
for the**

**2015-2016 Accelerated S&T Human Resource Development Program (ASTHRDP)
Science Education**

Form 1

I. PERSONAL INFORMATION

1. Name of Applicant:

Last Name	First Name	Middle Name
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2. Permanent Address:

No.	Street	District
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City/Municipality	Zip Code	Province
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3. E-mail address: _____ 4. Tribal Affiliation, if any: _____

5. Passport No.: _____ 6. Residence Phone No.: _____

7. Cell phone No.: _____ 8. Office Address: _____

9. Office Tel. No.: _____ 10. Fax No.: _____

11. Sex: _____ Female _____ Male 12. Age: ____ 13. Nationality _____

14. Date of Birth: _____ 15. Place of Birth: _____

16. Civil Status: _____

If married, Spouse's Name: _____

Occupation: _____

Business Address: _____

Phone No.: _____ No. of Children: _____

II. EMPLOYMENT INFORMATION

EMPLOYER	POSITION	STATUS	DURATION

* Please attach Certified True Copy of Service Record

CURRENT EMPLOYMENT

17. Name of Institution: _____
18. Address: _____ 19. Tel. No.: _____
20. Head of Institution: _____

III. CAREER PLANS (Write in attached sheet)

- A. Discuss your proposed topic/research area of interest between 250-500 words (Annex A)
- B. Discuss your future plans after graduation in not more than 250 words (Annex B)

IV. DOST-SEI SCHOLARSHIP PROGRAM INFORMATION

21. If you were a DOST-SEI scholar-graduate, please indicate your scholarship program

Program	Year of Scholarship Award
_____ RA 7687	_____
_____ Merit (5801 Ed)	_____
_____ Project 8102 Ed/9001 Ed	_____
_____ JLSS (JLAP)	_____
_____ Faculty Development Program for Teacher Education Institutions (TEIs)	_____
_____ ASTHRDP	_____

22. Educational Background

*Please attach Certified True Copy Transcript of Records as of the end of the immediate past semester

Level	School	Degree Earned	Year Graduated	General Weighted Average (GWA)	Honors Received
Baccalaureate					
MA/MS					
Thesis Title					

V. SCHOLARSHIP INTENTION (Please check)

23. Field of Specialization: PhD in Science Education Major in:

_____ Mathematics _____ Chemistry _____ Biology _____ Physics

24. University you intend to enroll:

_____ De La Salle University
 _____ UP College of Education
 _____ UP Open University

25. Have you taken the Doctoral Admission Test in Education (DATE)?

___ Yes ___ No If Yes, when? _____

26. Have you passed the Doctoral Admission Test in Education (DATE)?

*Attach letter/notice of admission to the PhD in Science Education Program

___ Yes ___ No ___ Results to be released on _____

I hereby certify to the truthfulness and completeness of the information provided. Any misinformation or withholding of information will automatically disqualify me from the Accelerated S&T Human Resource Development Program-Science Education. I am willing to refund all the financial benefits received plus appropriate interest if such misinformation is discovered.

 Signature over Printed Name of Applicant

 Date

Form 2

CERTIFICATION OF EMPLOYMENT AND PERMIT TO STUDY

Instructions to the Applicant: Please complete this form and give this to the Head of the Institution/Supervisor for certification. Enclose the accomplished form in your application.

This is to certify that the person whose name appears below is employed in the institution as indicated and is allowed to study.

Name of Applicant:

(Last Name)

(First Name)

(Middle Name)

Designation: _____

Sending Institution: _____

Address: _____

Program Applied for: PhD in Science Education Major in: Mathematics Biology
 Chemistry Physics

Issued upon the request of the applicant as a requirement for application to the Accelerated S&T Human Resource Development Program-Science Education.

Signature of the Head of Institution: _____

Printed Name: _____ Date: _____

Position/Title: _____

Form 3

CERTIFICATION OF HEALTH STATUS

Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined _____
and found him/her to be physically fit to undertake the graduate studies.

This certification is issued in connection with his/her application for the Accelerated
S&T Human Resource Development Program-Science Education.

Health Agency

Name (Print) and Signature of Medical Officer

Address

Official Designation/License No.

CHECKLIST OF DOCUMENTS TO BE ATTACHED

	Accomplished Information Sheet (Form 1)
	Certification of Employment and Permit to Study From Head/President of Sending Institution (Form 2)
	Certification of Health Status (Form 3)
	Certified True Copy of Grades/Transcript of Records (TOR)
	Notice of Admission to the PhD Program
	Letter of Nomination/Recommendation from the Head of the University
	Endorsement from two (2) former professors
	Latest photograph, size 2X2, 2 copies

**ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM
SCIENCE EDUCATION
2015-2016 GRADUATE SCIENCE AND TECHNOLOGY SCHOLARSHIPS**

Name of Applicant: _____

Date: _____

CAREER PLANS

b1) Briefly discuss your proposed research area/s

b2) Future Plans (After Graduation)