

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

Please attach here
latest photograph

Size "2x2"

**INFORMATION SHEET
for the**

2016-2017 Capacity Building Program in Science and Mathematics Education

Form 1

I. PERSONAL INFORMATION

1. Name of Applicant: _____
Last Name First Name Middle Name

2. Permanent Address: _____
No. Street District

_____ City/Municipality Zip Code Province

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
<input type="checkbox"/> RA 7687	_____
<input type="checkbox"/> Merit (5801 Ed)	_____
<input type="checkbox"/> Project 8102 Ed/9001 Ed	_____
<input type="checkbox"/> JLSS (JLAP)	_____
<input type="checkbox"/> Faculty Development Program for Teacher Education Institutions (TEIs)	_____
<input type="checkbox"/> 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 Capacity Building Program in Science and Mathematics 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 Capacity Building Program in Science and Mathematics 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