

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

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APPLICATION FORM
for the

Capacity Building Program in Science and Mathematics Education
AY 2017-2018

Form 1

I. PERSONAL INFORMATION

1. Name of Applicant: _____
Last Name First Name Middle Name
2. Permanent Address: _____
No. Street District

City/Municipality Province Zip Code Region
3. E-mail address: _____ 4. Residence Phone No: _____
5. Cellphone No.: _____ 6. Fax No.: _____
7. Sex: _____ Female _____ Male 8. Age: _____ 9. Nationality _____
10. Date of Birth: _____ 11. Place of Birth: _____
12. Civil Status: _____
If married, Spouse's Name: _____
Occupation: _____
Business Address: _____

Phone No.: _____ No of Children: _____

II. EMPLOYMENT INFORMATION

- a. Present Employment Status: () Permanent () Contractual
() Probationary () Self-employed
() Unemployed

a.1 If presently employed

Position: _____ Length of Service: _____

Name of Institution: _____

Address of Institution: _____

Head of Institution: _____

Telephone No.: _____ Fax No: _____

III. CAREER PLANS (Write in the 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

13. If you have previously availed of any of the DOST-SEI scholar-graduate, please indicate below:

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

V. EDUCATIONAL BACKGROUND

LEVEL	SCHOOL	DEGREE EARNED	YEAR GRADUATED	GENERAL WEIGHTED AVERAGE (GWA)	HONORS RECEIVED
Baccalaureate					
Masters					
Thesis/Dissertation Title					

*Please attach Certified True Copy of Transcript of Records.

VI. SCHOLARSHIP INTENTION

14. Applying for which type of Graduate Scholarship Program?

- _____ Masters
- _____ PhD
- _____ Thesis Grant
- _____ Dissertation Grant

15. Field of study

- _____ Biology
- _____ Chemistry
- _____ General Science
- _____ Mathematics
- _____ Physics
- _____ Science Education
- _____ Mathematics Education

16. University you intend to enroll (You are advised to seek admission at the university where you intend to enroll):

- _____ Ateneo de Manila University
- _____ Bicol University
- _____ Central Luzon State University
- _____ De La Salle University
- _____ Mariano Marcos State University
- _____ MSU-Marawi
- _____ Philippine Normal University
- _____ University of San Carlos
- _____ UP Open University
- _____ UP College of Education
- _____ Western Mindanao State University
- _____ West Visayas State University

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

_____ Yes _____ No If Yes, when? _____

18. 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

19. Proposed Thesis/Dissertation Topic

- The topic will be presented to the research adviser for proposal defense and final approval of the panel to determine and recommend an abling mechanism for the student to complete the degree program on time. The research proposal has to meet the priority thrusts identified in the DOST National Science and Technology Plan (NSTP).

VII. RESEARCH INVOLVEMENT (last three years)

Use additional sheet if necessary

FIELD AND TITLE OF RESEARCH	LOCATION/DURATION	FUND SOURCE	NATURE OF INVOLVEMENT

VIII. PUBLICATIONS

Use additional sheet if necessary

TITLE OF ARTICLE/PUBLICATION	PLACE/YEAR OF PUBLICATION	NATURE OF INVOLVEMENT

IX. AWARDS AND RECOGNITION RECEIVED

TITLE OF AWARD	AWARD GIVING BODY	YEAR OF AWARD

I hereby certify to the truthfulness and completeness of the information provided. Any misinformation or withholding of information will automatically disqualify me from the program, Capacity Building Program in Science and Mathematics 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

CERTIFICATE OF EMPLOYMENT, IF EMPLOYED AND PERMIT TO STUDY

RECOMMENDATION LETTER FROM THE HEAD OF THE UNIVERSITY, that applicant has a permanent employment status, allowed to study full-time for a period of 2/3 years, permitted to take a leave of absence and shall be released from institutional responsibilities for the entire duration of the program.

Form 3

MEDICAL CERTIFICATE

Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined _____ and found
(Name of Applicant)
him/her to be physically and mentally fit to undergo the stress of study.

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 Licensed Physician

Address

PRC License No.

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

	Accomplished Information Sheet (Form 1)
	Certified Copy of Transcript of Records, if employed (TOR)
	Recommendation letter from 2 former professors
	Certificate of employment with a permanent employment status, permitted to take a leave of absence and commitment for full release from institutional responsibilities for the entire duration of the program, if employed (Form 2)
	Commitment to complete the degree
	Two (2) copies of 2 x 2 recent pictures
	Birth Certificate (Photocopy)
	Medical Certificate (Form 3)

Deadline for Submission of Application

For ADMU	June 15, 2017	For BU	May 31, 2017
For CLSU, MMSU, MSU-MARAWI	July 14, 2017	For PNU	May 15, 2017
For USC	May 10, 2017	For UPCE	June 15, 2017
		For UPOU	July 14, 2017
For WMSU and WVSU	May 19, 2017	For DLSU	July 29, 2017