

Application No. _____

STSD-201.3
Rev. 3 / 02-21-22

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

Attach here
1 recent passport
size picture

APPLICATION FORM

**CAPACITY BUILDING PROGRAM IN SCIENCE AND MATHEMATICS
EDUCATION (CBPSME)**

School Term: [] First [] Second [] Third Semester/Trimester
Academic Year _____

Form 1. Information Sheet

I. PERSONAL DATA

1. Name of Applicant: _____
Last Name First Name Middle Name
2. Sex [] Male [] Female 3. Age _____ 4. Nationality _____
5. Permanent Address: _____
No./Street Village/Barangay Congressional District

City/Municipality Province Zip Code Region
6. Residence Phone No.: _____ 7. Mobile Phone No.: _____
8. Email Address : _____
9. Date of Birth: _____ 10. Place of Birth: _____
11. Civil Status: _____
If married, Spouse's Name: _____
Occupation: _____
Business Address: _____

Phone No.: _____ No of Children: _____

4. Have you been admitted to the Graduate School at any of the identified universities?

Yes No

5. Intended start of program of study:

First Semester Second Semester AY _____ - _____

6. For Lateral Applicant:

6a.

Total Number of Required Units in Your Program	
Number of Units Already Earned	
Remaining Units to be Taken	
General Weighted Average	

Please submit Certification from the university indicating the following:

- number of graduate units required in the program
- number of graduate units already earned with corresponding grades

6b. Have you started working in your thesis/dissertation? Yes No

6c. If your is Yes in #6b, has your research topic been approved by the panel?

Yes No

If your answer is Yes, please attach the Approval Sheet and the Timeline of your research activities.

6e. Thesis/Dissertation Topic

6f. What DOST priority research thrust is your research topic aligned with?
Explain how.

VII. RESEARCH INVOLVEMENT

1. Research conducted in the last 3 years. Use additional sheet if necessary.

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

2. Discuss your proposed topic/research area/s of interest for your thesis/dissertation. Use separate sheet (Annex B).

Note: The research proposal must be aligned with the priority research thrusts identified in the DOST Harmonized National Research and Development Agenda (HNRDA). Refer to the DOST website, www.dost.gov.ph

VIII. PUBLICATIONS

Use additional sheet if necessary.

TITLE OF TECHNICAL PAPER	TITLE OF PUBLICATION	DATE PUBLISHED	NATURE OF INVOLVEMENT

IX. AWARDS AND RECOGNITION RECEIVED

Use additional sheet if necessary.

TITLE OF AWARD	AWARD GIVING BODY	YEAR OF AWARD

X. TRUTHFULNESS OF DATA/DATA PRIVACY

I hereby certify that all information given above are true and correct to the best of my knowledge. 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.

Moreover, I hereby authorize the Science Education Institute of the Department of Science and Technology (SEI-DOST) to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct my personal data that I have provided in relation to my application to this scholarship. I hereby affirm my right to be informed, object to processing, access and rectify, suspend or withdraw my personal data, and be indemnified in case of damages pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

Signature over Printed Name of Applicant

Date

Application No. _____

Form 2A CERTIFICATE OF DEPED EMPLOYMENT AND PERMIT TO GO ON STUDY LEAVE (For applicant who is employed by the Department of Education)

This is to certify that Ms./Mr. _____,
an applicant of the **CBPSME** scholarship program, is a **permanent employee** of the
Department of Education for _____ years.
(no. of years)

Should she/he qualify for the scholarship, she/he will be allowed to take a
study **full-time** for a period of two/three years while on scholarship.

Principal

Name of School
Date _____

Schools Division Superintendent

School Division
Date _____

Regional Director
DepEd Regional Office No. _____
Date _____

Form 2B CERTIFICATE OF EMPLOYMENT, AND PERMIT TO GO ON STUDY LEAVE
(For applicant who is employed by private school)

This is to certify that Ms./Mr. _____,
an applicant of CBPSME scholarship program, is a permanent employee of under
the _____.
Name of School/Institution

Should she/he qualify for the scholarship, she/he will be allowed to take a
leave of absence from work and be released from institutional responsibilities to
study **full-time** for a period of two/three years while on scholarship.

Principal

Name of School
Date _____

Application No. _____

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 graduate studies.

This certification is issued in connection with his/her application for scholarship under the Capacity Building Program in Science and Mathematics Education.

Name (Print) and Signature of Licensed Physician
PRC License No. _____

Health Agency _____
Address _____

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

	Accomplished Application Form (Form 1)
	Certificate of DepEd Employment and Permit to Go on Study Leave (Form 2A); OR Certificate of Employment and Permit to Go on Study Leave Form 2B)
	Medical Certificate (Form 3)
	Birth Certificate (Photocopy)
	Certified Copy of the Official Transcript of Records (TOR)
	Certified True Copy of Service Record
	Notice of Admission to Graduate School in any of the NCGSME member-universities
	Career Plan (Annex A)
	Career Plan (Annex B)
	Endorsement from Former Professor 1
	Endorsement from Former Professor 2
	Commitment to Complete the Degree
	Valid NBI Clearance
	Letter of Nomination/Recommendation from the Head of the School/University
	Approval Sheet of Thesis/Dissertation Research Topic
	Timeline of Thesis/Dissertation Research Activities
	For lateral entrant, certification from the university indicating the following: <ul style="list-style-type: none">• number of graduate units required in the program• number of graduate units already earned with corresponding grades

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CAPACITY BUILDING PROGRAM IN SCIENCE AND MATHEMATICS EDUCATION

Annex A

Name of Applicant _____

Type of Scholarship Applying for Master's Doctoral

Date _____

CAREER PLANS

In not more than 500 words, discuss your career plan after graduation from your master's/ doctoral degree.