



b. Employment History (if previously employed)

NAME OF INSTITUTION/COMPANY	DATE OF EMPLOYMENT	POSITION

\*Please attach copy of Service Records or Certificate/s of Employment

**III. CAREER PLANS (Write in the attached sheet)**

A. Discuss your future plans after graduation in not more than 250 words (Annex A)

**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	_____
_____ JLSS under RA 10612	_____
_____ 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					

\*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 Specialization: \_\_\_\_\_ (Please identify, refer to the brochure)

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 been admitted to the Graduate School at any of the identified universities?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, when? \_\_\_\_\_

18.a Approved Thesis/Dissertation Topic (*for Thesis/Dissertation Grant applicants*)

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18.b Proposed Thesis/Dissertation Topic

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18.c Discuss your proposed topic/research area of interest between 250-500 words

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- *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 is 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.

**MEDICAL CERTIFICATE**

\_\_\_\_\_ Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined \_\_\_\_\_  
*(Name of Applicant)*  
 and found 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 Application Form (Form 1)
	Photocopy of Birth Certificate
	Notice of Admission to the Masters/PhD in Science/Mathematics Education program in any of the identified CBPSME consortium member-universities
	If currently employed, <ul style="list-style-type: none"> <li>• Certificate of Employment;</li> <li>• Permit to Study (Form 2)</li> <li>• Letter of Nomination/Recommendation from the head of the university</li> </ul>
	Certified True Copy of Service Records (if applicable)
	If currently unemployed: Affidavit of Non-Employment and not to seek employment for the duration of study
	Career Plans (Annex A)
	Commitment to complete the degree (Annex B)
	Copy of Transcript of Records
	Medical Certificate (Form 3)
	Endorsement from two (2) former professors
	Copy of Approved Thesis/Dissertation Proposal (for Thesis/Dissertation Grant applicants)
	Copy of Certification of Passing the Proposal Defense (for Thesis/Dissertation Grant applicants)
	Proposed Line Item Budget (LIB) (for Thesis/Dissertation Grant applicants)
	Two (2) copies of 2 x 2 recent pictures

<b>Deadline for Submission of Application</b>			
University	Deadline	University	Deadline
ADMU	June 15, 2018	BU, PNU	May 18, 2018
CLSU, MMSU, MSU-MARAWI	July 13, 2018	UPCE	June 15, 2018
USC, WMSU and WVSU	May 18, 2018	UPOU	July 31, 2018
		DLSU	May 31, 2018