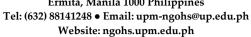


National Graduate Office for the Health Sciences 3/F Joaquin Gonzales Building, Padre Faura cor. Maria Orosa St., Ermita, Manila 1000 Philippines





APPLICATION FORM

Please fill and tick the box of your choice then submit t	to (https://bit.ly/upmgraduateprograms)			
APPLICATION OR #:	11. Telephone(Res.):			
DEGREE PROGRAM:	12. Telephone (Office): 13. Mobile Number:			
COLLEGE/UNIT:	14. Fax : 15. E-mail:			
ACADEMIC YEAR & SEMESTER OF APPLICATION:	16. Name, address and tel. no of person to be notified in case of emergency:			
A. PERSONAL DATA	B. ACADEMIC QUALIFICATIONS			
1. Surname:	1.Degree: □BA/BS □MD □M/MA/MS (Specify) University: Inclusive Years: Honors, if any: 2. Degree: □BA/BS □MD □M/MA/MS (Specify) University: Inclusive Years: Honors, if any:			
Specify citizenship Specify country of origin: 10. Civil Status: □Single □Married □Separated □Widow/Widower Mailing Address:	3.Degree: □BA/BS □MD □M/MA/MS (Specify) University: Inclusive Years: Honors, if any:			
Permanent Address:	For UP Alumni, please provide the following: Student No.: UP Email: SAIS ID: INCOMPLETE and/or INCORRECT DOCUMENTS WILL NOT BE ENDORSED FOR EVALUATION			



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Ermita, Manila 1000 Philippines
Tel: (632) 88141248 • Email: upm-ngohs@up.edu.ph
Website: ngohs.upm.edu.ph



APPLICATION FORM

C. PRESENT EMPLOYMENT	F. GENERAL REQUIREMENTS				
0,1,1,2,0,2,1,1,2,1,1,1,1,1,1,1,1,1,1,1,	Upload the following in the Google Form:				
Position/Job Title:	https://bit.ly/upmgraduateprograms				
Name of Institution:	☐ Application Form UPM-NGOHS-OP-01F1 (3				
Job Description:	pages Scanned copy of TOR. Upon admission to the program submit an original copy of Official (Original) Transcript of Records. Remarks shall be: "Copy for UP Manila"				
Address:	☐ Scanned copy of the Original or Certified True Copy of Diploma with the university/college seal and signature of the registrar in ink				
Telephone/Fax No.:	☐ Curriculum Vitae (CV) with updated picture				
Inclusive years:	☐ Scanned or soft copy of two (2) complete and signed Recommendations (forms provided in the Application Packet). The forms must be emailed directly to upm-ngohs@up.edu.ph.				
D. FINANCIAL SUPPORT	☐ Scanned copy of Birth Certificate ☐ Scanned copy of Marriage Contract for married female applicants				
Annual Income	☐ An Essay on an 8 1/2′″ x 11″ sheet of paper				
□Self:	describing your motivation for pursuing graduate study and your view of self-directed learning as a				
□Total Household:	method of instruction. Likewise, provide a				
	description of your research interest				
☐ Scholarship, fellowship or study privilege	☐ Scanned copy of PRC License/Certificate (for MRS, MRS-SP, MS Dentistry and MA in Nursing				
(specify)	Applicants if applicable) ☐ A dissertation proposal abstract and published				
	creative works (for PhD Nursing Applicants)				
	☐ Scanned copy of official receipt of processing fee or acknowledgement receipt from <i>Linkbiz</i>				
☐ Others:	lee of acknowledgement receipt from Emkor2				
	Additional Requirements for Foreign Applicants Scanned copy of TOEFL (or its equivalent) score of at least 550 (written test) or 173 (computerized tests), 70 (internet based), IELTS (band 6). Original to be presented for verification or a certification from the				
E. ENROLLMENT STATUS PREFERENCE	university previously attended that English is used as the medium of instruction				
Load: ☐ Part-Time (1-8 units/semester)	☐ Scanned copy of Affidavit of Support/Certification of Financial Capability in English				
☐ Full-Time (9-18 units/semester)	□ Scanned copy of Official Transcript of Records with GPA and UNIVERSITY GRADING SYSTEM and Certified True Copy of Diploma in English. If written in				
Deadline for submission of application documents: 1st Semester: Last working day of April	another language, these documents must be translated to English and authenticated by the Philippine embassy /consul from country of origin				
2 nd Semester: Last working day of October	☐ Scanned copy of passport, original to be presented for verification (if Applicable)				

Submit all scanned application documents to the Google form link: https://bit.ly/upmgraduateprograms



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APPLICATION FORM

DATA PRIVACY ACT NOTICE

To exercise and safeguard academic freedom and uphold your right to quality education, the **University of the Philippines (UP)** needs to process your personal and sensitive personal information-that is, information that identifies you as an individual. UP is committed to comply with the Philippine Data Privacy Act of 2012 (DPA) http://www.officialgazette.gov.ph/2012/08/15/republic-act-no-10173/ in order to protect your right to data privacy.

Student Declaration:				
Withholding or giving false info	ormation supplied herein is complete and accurate. It is rmation will make me ineligible for admission or subject to abide by the policies rules and regulations of the UP			
	ty of the Philippines' Privacy Notice for Students : <u>y-notices/ups-privacy-notice-for-students.html</u>			
Manila to process my personal above-mentioned Privacy Notice to shift/transfer/be admitted as a applicable personal and sensitive I likewise consent to and recogn bulletin boards at its option my	nize UP's authority to post online and/or in UP Manila name and program in the event I qualify for admission comply with its Charter and uphold the principle of			
 Signature	 Date Signed			

UPM-NGS-OP-01F1
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RECOMMENDATION FORM

NAME OF APPLICANT:									
DEGREE PROGRAM:									
Sir/Madam:									
The above-mentioned applicant of the UPM National Graduate Office for the Health Sciences has asked you to be his/her reference. Please fill up this form according to your best knowledge. A narrative of additional information which you want the UPM NGOHS to know about the applicant may be attached with this form. You may send the soft copy or scan the accomplished form and e-mail to upm-ngohs@up.edu.ph Thank you very much.									
Please rate the applicant acc	ordingly.								
Attributes		5 Exceptional	4 Superior	3 Average	2 Fair	1 Poor	Cannot Evaluate		
1. Intellectual ability									
2. Research capability									
3. Capacity for critical/ana	lytical thinking								
4. Leadership qualities									
5. Motivation for graduate	studies								
6. Emotional stability									
7. Study Habits									
8. Teaching potentials									
9. Resourcefulness and cre	ativity								
10. Honesty and integrity									
I recommend the candidate to the UPM NGOHS □very strongly □ strongly.									
☐ I do not recommend the c	andidate to the U	IPM NGOHS.							
	Signature								
	Printed Name								
	Institution								
	Position/Rank/Title								
	Address								
	Total number of years you have known the applicant								
	In what capacity		☐ Professor ☐ Supervisor/Employer ☐ Others, specify						
	Date accomplis	hed	L Others	s, specify					