STSD-	201.1
Rev. 5	/04-19-23

Application No	Application	No.:
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DEPARTMENT OF SCIENCE AND TECHNOLOGY SCIENCE EDUCATION INSTITUTE

Bicutan, Taguig City

APPLICATION FORM for the

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP)

Attach here
1 latest passport

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TYPE (□ MS	OF SCI	HOLARSHIP APPLI □ PHD	ED FOR: 3-Year STR 4-Year STR	-	TYPE OF ENT ☐ New ☐ Lateral (with	RY: graduate units earned)		
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I. PER	SONAL	INFORMATION						
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	Tele	phone Nos. (Landlin	e/Mobile) 🔺					
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e. Has your researc	h topic been appro	oved by the panel? YES	□NO		
Date of last enrolr	nent in thesis/disse	ertation course			
f. Other scholarship	program applied f	for (Please specify.)			
V. CAREER/EMPLOYME					
a. Present Employment S		()Permanent ()Self-employed	() Contractual () Unemployed		() Probationary
a.1 For those who are pres	ently employed*				
Length of Service	From:	(MM-DD-YYYY)	Until		IM-DD-YYYY) or Present
Name of Company/Office	e	(IVIIVI-DD-1111)		(IV	IIW-DD-1111) OF Fleselii
Address of Company/O	fice				
Email		W	ebsite		
Telephone No.		Fa	ıx No.		
a.2 For those who are self-	<u>employed</u>				
Business Name					
Address					
Email/Website		Telephone No.		Fax No).
Type of Business			Years of O	peration	
Discuss your future plan	ELOPMENT INVO	LVEMENT (Last five years)			
FIELD AND TITLE OF	RESEARCH	LOCATION/DURATION	FUND SC	DURCE	NATURE OF INVOLVEMENT
b. Briefly discuss your re VI. PUBLICATIONS (Last (Please use additional sl	five years) neet if necessary.)	nterest (<i>Please use Form B.</i>) NAME/YEAR OF F	UIRI ICATION	NAT	URE OF INVOLVEMENT
THE OF A	NIOLE .	NAMEDIERROIT	BEIGHTON	1901	ONE OF INVOLVEMENT
VII. AWARDS RECEIVED TITLE OF A	AWARD	AWARD GIVII	IG BODY		YEAR OF AWARD
/III. TRUTHFULNESS OF	DATA AND DAT	A PRIVACY			
nformation will automation	ally disqualify m		ed Science and T	echnology Huma	Any misinformation or withholding in Resource Development Progra mation is discovered.
Moreover, I here	by authorize the S	Science Education Institute of th	e Department of S	cience and Techr	nology (SEI-DOST) to collect, reco

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.

d. No. of remaining units/ semesters

Number of units earned

Printed Name and Signature of Applicant Date:

Application No.:

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP) AY ______

Form A

Name of Applicant		
Type of Scholarship Applying for	[] Master's	[] Doctoral
Date		

CAREER PLANS

Discuss your career plans after graduation from your master's/ doctoral degree in not more than 500 words.

Application No.:

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP) AY ______

Form B

Name of Applicant	
Type of Scholarship Applying for	
Date	

RESEARCH PLANS

Discuss your proposed topic/research area/s of interest for your thesis/dissertation in not more than 500 words.

Application No.:	Application	No.:
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ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP) AY ______

Form C

MEDICAL CERTIFICATE

	Date
TO WHOM IT MAY CONCERN:	
This is to certify that I have examined	
	(Name of Applicant)
him/her to be physically and mentally fit to under	
This certification is issued in connection master's/doctoral program of the Accelerated Development Program (ASTHRDP).	n with his/her application for scholarship under Science and Technology Human Resource
Health Agency	Printed Name and Signature of Licensed Physician
Address	PRC License No.

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP)

CHECKLIST OF REQUIRED DOCUMENTS SUBMITTED (for staff use only) Birth Certificate (Photocopy) Certified True Copy of the Official Transcript of Records Endorsement 1 from former professor in college for MS applicant/former professor in the MS program for PhD applicant
☐ Certified True Copy of the Official Transcript of Records
☐ Endorsement 1 from former professor in college for MS applicant/former professor in the MS program for PhD applicant
☐ Endorsement 2 from former professor in college for MS applicant/former professor in the MS program for PhD applicant
If Employed
□ Recommendation from Head of Agency
☐ Permission to take a leave of absence (LOA) while on scholarship or proof of resignation or termination of contract
□ Career Plans (Form A)
□ Research Plan (Form B)
☐ Medical Certificate (Form C)
□ Valid NBI Clearance
☐ Letter of Admission with Regular status from the Program Head of the accepting institution; include the evaluation sheet.
□ Approved Program of Study
Additional Requirements for Lateral Applicants
☐ Certification from the university indicating the following:
 number of graduate units required in the program
number of graduate units already earned with corresponding grades