

VI. SCHOLARSHIP INTENTION

1. Applying for **Master's** degree
2. Field of Specialization: _____
(Refer to the brochure and specify)
3. University you intend to enroll (You are advised to seek admission at the university where you intend to enroll):

CBSPME Universities

- _____ Ateneo de Manila University
- _____ Bicol University
- _____ Central Luzon State University
- _____ Cebu Normal University
- _____ De La Salle University
- _____ Leyte Normal University
- _____ Mariano Marcos State University
- _____ Mindanao State University-Iligan Institute of Technology
- _____ Mindanao State University-Marawi
- _____ Philippine Normal University
- _____ Saint Mary's University
- _____ University of San Carlos
- _____ UP Diliman -College of Education
- _____ UP Open University
- _____ Western Mindanao State University
- _____ West Visayas State University

STRAND Universities

- _____ Central Mindanao University
- _____ Nueva Vizcaya State University
- _____ University of Science and Technology of Southern Philippines-Cagayan de Oro

4. Have you been admitted to the Graduate School in your intended university?
_____ Yes _____ No If Yes, when? _____
5. Proposed Thesis Topic*: _____

- The topic will be presented to the research adviser for proposal defense and final approval of the panel to determine and recommend an enabling 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

AREA 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, CBPSME **Part-Time Scholarship for 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 express my consent for DOST-SEI to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct my personal data as part of my information. 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

Form 2. 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 the CBPSME
Part-Time Scholarship for Science and Mathematics Education.

Health Agency

Name (Print) and Signature of Licensed
Physician

Address

PRC License No.

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CHECKLIST OF DOCUMENTS TO BE SUBMITTED

Accomplished Information Sheet (Form 1)
Certified Copy of Transcript of Records (TOR)
Certificate of Employment/Service Record
Notice of Admission to Graduate School
Medical Certificate (Form 2)
Recommendation letter from 2 former professors
One (1) copy of 2 x 2 recent picture
Birth Certificate (Photocopy)
NBI Clearance