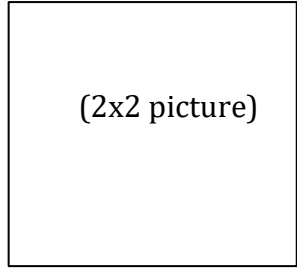


University of the Philippines
COLLEGE OF EDUCATION
Diliman, Quezon City



Student Teacher Information

Personal Data

- 1. Full Name _____
(Surname) (First Name) (Middle Name) (Nickname)
- 2. Age _____ Sex _____ Height _____ Weight _____ Citizenship _____
- 3. Date of Birth _____ Place of Birth _____ Religion _____
- 4. Present Address _____
Tel. No. _____
- Permanent Address _____
Tel. No. _____
- 5. UP Email Address _____ Mobile No. _____

Health Data

- 6. Health
- General Condition of Health _____
- Chronic Disease/s (if any) _____
- Physical Disabilities (if any) _____
- Last serious illness, if any
- What _____
- When _____

Family Data

- 7. Name of Father _____ Citizenship _____
Address _____ Contact Number _____
- 8. Name of Mother _____ Citizenship _____
Address _____ Contact Number _____

9. Name of Gaurdian _____ Relationship _____
Address _____ Contact Number _____

10. In Case of Emergency, Person to Contact
Name _____ Relationship _____
Address _____ Contact Number _____

Education Data

11. Education

• **Tertiary**

Indicate transfer of schools and/or shifting of courses (if applicable), year/s covered, and award/s received (if any). Start with your freshman year.

• **Degree Program** _____

Major _____ Minor _____

Scholarships (if any) _____

12. Courses you will be taking along with your practicum (with letter of appeal). *Indicate NA if so.*

No. of units: _____

G.E. Course/s: _____ P.E./CMT/NSTP: _____

Minor Course/s: _____

Other Course/s: _____

13. For 1st SEm ST applicants; Courses you are taking this midyear (if applicable). *Indicate NA if so.*

No. of units: _____

G.E. Course/s: _____ P.E./CMT/NSTP: _____

Minor Course/s: _____

Other Course/s: _____

Co-Curricular Activities / Special Talents

14. Past teaching experience/work experience involving youth/children

15. Extra-curricular activities (State position/s held)

16. Special Talents and Skills _____

17. Hobbies and Interests _____

18. Preferred Student Teaching Assignment

Grade/Year Level _____
Subject _____

I certify that all the information provided on this form is true and that I have not filed for a certificate of honorable dismissal from the University of the Philippines.

I consent to the processing of collected information from the submitted documents for student teaching application. This is necessary so that the Student Teaching Committee can fulfill its function for appropriate action in line with my application and Student Teaching Internship.

Signature of Student Teacher

Date

19. Name of Program Adviser: _____

I certify that I have carefully reviewed the documents for ST application of the student. I also sent the course checklist to the College Student Records Evaluator, Mr. Jonathan Terante, (educadmissions.updiliman@up.edu.ph) with a short message certifying that I checked the entries for verification. (SUBJECT: ST Curriculum Checklist Evaluation)

Signature of Program Adviser

Date

- Please check included attachments:
_____ Evaluated Program Checklist
_____ True Copy of Grades
_____ Health Self-Report
_____ Letter of Appeal (if needed)

*(Revised 2nd Semester AY 2021-22 ,led)**