



Service. Excellence. Innovation.

1 June 2020

### DR. WILSON O. GARCIA

Director National Institute of Physics College of Science University of the Philippines Diliman, Quezon City

### Dear Dr. Garcia:

This refers to your proposal for the inclusion of MA Physics Program at the University of the Philippines – Diliman National Institute of Physics (NIP) in the List of Graduate Degree Programs under the Capacity Building Program in Science and Mathematics Education implemented by the DOST-SEI in partnership with the National Consortium in Graduate Science and Mathematics Education (NCGSME).

We wish to inform you that your proposal is hereby approved to commence by the First Semester of AY 2020-2021. Attached please find is the application form and brochure for dissemination to qualified applicants.

Kindly endorse to us the list of potential qualifiers using the attached template.

Thank you.

Very truly yours,

JOSETE T. BIYO, Ph.D.

with y. App

Director, SEI

### DEPARTMENT OF SCIENCE AND TECHNOLOGY SCIENCE EDUCATION INSTITUTE

Bicutan, Taguig City

Attach here
I recent 2 x 2 picture

### **APPLICATION FORM**

for the

### **Capacity Building Program in Science and Mathematics Education**

Fo	rm :	1. Information Sheet										
I.	PE	RSONAL DATA										
	1.	Name of Applicant:	Last Name		First Name		Idle Name					
	2.	Permanent Address:	No./Street	Vil	lage/Barangay	Congressional District						
			City/Municipal	lity	Province	Zij	o Code	Region				
	5. 7. 10.	Cellphone No.: Sex: Female Date of Birth: Civil Status: If married, Spouse's N	Male Male	4. Residence Phone No: _ 6. Fax No.: 9. Nationality _ 11. Place of Birth:								
					_ No of Childre							
II.	E	MPLOYMENT DATA										
	a.	Present Employment	Status:	(	) Permanent ) Probationary ) Unemployed	(	) Contract) Self-er	ctual mployed				
	a.1	I If currently employe	<u>d</u>	(	) onemployed							
		Position:		Length of Service:								
		Name of Institution*:	-									
		Address of Institution	:									
		Head of Institution:										
		Telephone No.:			Fax No:							

\*If employed by the Department of Education (DepEd), please accomplish Form 2A.

a. Employment History (if previously employed)

NAME OF INSTITUTION/COMPANY	DATE OF EMPLOYMENT	POSITION
*Please attach copy of Service Records of	or Certificate/s of Employment	
III. CAREER PLANS (Write in the att	tached sheet)	
A. Discuss your proposed topic/re (Annex A)	search area of interest betwee	n 250-500 words

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

### IV. DOST-SEI SCHOLARSHIP PROGRAM INFORMATION

13. If you have previously availed of any of the DOST-SEI scholarship program, please indicate below:

Program (put a check)	Year of Scholarship Award
RA 7687 Merit 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					
Master's					
Title of Thesis					٥

<sup>\*</sup>Please attach Certified True Copy of Transcript of Records.

### **VI. SCHOLARSHIP INTENTION**

14.	Applying for which type of Graduate Scholarship Program?										
		Table 121 (22)	rant								
15.	Field of Specia	alization:		(Refer to the brochure and specify)							
16.	University you intend to enroll (You are advised to seek admission at the university where you intend to enroll):										
		Ateneo de Mar Bicol University Central Luzon Cebu Normal Un De La Salle Un Leyte Normal Un Mariano Marco MSU-IIT MSU-Marawi Philippine Norm Saint Mary's University of S UP Open University of S UP College of In Western Minda West Visayas S National Institut	State University Iniversity University University Os State University Iniversity Inivers	rsity versity y							
17.	Have you bee			chool at any of the identified universities?							
18a.	Approved The	Yes esis/Dissertation	No Topic (for The	If Yes, when?esis/Dissertation Grant applicants)							
18b.	Proposed The	sis/Dissertation	Topic								
			(9)								

<sup>•</sup> 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

AREA AND TITLE OF RESEARCH	LOCATION/DURATION	FUND	SOURCE	NATURE OF INVOLVEMEN				
				A.				
VIII. PUBLICATIONS Use additional sheet if nece	essary							
TITLE OF ARTICLE/PUBLICATION	PLACE/YEAR OF PUBLICA	NATURE	NATURE OF INVOLVEMENT					
IX. AWARDS AND RECOGNITI	ON RECEIVED							
TITLE OF AWARD	AWARD GIVING BODY	2	YEAR OF A	AWARD				
	_			pa pa				
<u> </u>								
I hereby certify to the trut Any misinformation or withholding program, Capacity Building Program refund all the financial benefits re discovered.	g of information will autom m in Science and Mathema	atically itics Ed	disqualify ucation. I	me from the am willing to				
Any misinformation or withholding program, Capacity Building Program refund all the financial benefits re	g of information will autom m in Science and Mathema	natically natics Ed terest i	disqualify ucation. I f such misi	me from the am willing to nformation is				

Principal

### CERTIFICATE OF DEPED EMPLOYMENT, AND PERMIT TO STUDY This is to certify that Ms/Mr. \_\_\_\_\_ , an applicant for CBPSME scholarship program has a permanent employment status under the **Department of Education**. He/she is allowed to study full-time for a period of 2/3 years, and is permitted to take a leave of absence and shall be released from institutional responsibilities for the entire duration of the scholarship program. Principal Schools Division Superintendent Division of Regional Director DepEd Regional Office # \_\_\_\_\_ Form 2 B (For employed non DepEd applicants) CERTIFICATE OF EMPLOYMENT, AND PERMIT TO STUDY This is to certify that Ms./Mr. \_\_\_\_\_\_, an applicant for CBPSME scholarship program has a permanent employment status under the \_\_\_ Name of School/Institution He/she is allowed to study full-time for a period of 2/3 years, and is permitted to take a leave of absence and shall be released from institutional responsibilities for the entire duration of the scholarship program.

### **MEDICAL CERTIFICATE**

	Date
TO WHOM IT MAY CONCERN:	
This is to certify that I have examine to be physically and mentally fi	(Name of Applicant)
	nection with his/her application for scholarship under acity Building Program in Science and Mathematics
Health Agency	Name (Print) and Signature of Licensed Physician
Address	PRC License No.
CHECKLIST OF	DOCUMENTS TO BE SUBMITTED
Accomplished Information Sheet (Form :	1)
Certified Copy of Transcript of Records (	TOR)
Recommendation letter from 2 former p	rofessors
commitment for full release from institut	permanent employment status, permitted to take a leave of absence and ional responsibilities for the entire duration of the program (Form 2A)
commitment for full release from institut (Form 2B)	nent employment status, permitted to take a leave of absence and cional responsibilities for the entire duration of the program, if employed
Notice of Admission	
Commitment to complete the degree	
One (1) copy of 2 x 2 recent pictures	
Birth Certificate (Photocopy)	
Medical Certificate (Form 3)	

## FERMS OF THE SCHOLARSHIP AWARD

An awardee shall

- enroll in the required academic load per semester and study full-time/part-time in any of the identified training institutions:
- of the average required by the Graduate School of the university and comply with the university's academic maintain a grade point average/general weighted requirements to remain in the scholarship program;
- the comply with the terms and conditions of the Scholarship Contract to be entered into among himself/herself, the DOST-SEI, and the Training Institution;
  - degree along the field of specialization equivalent to the released as ō • render service in the Philippines upon completion pe receive the remaining stipends to length of time the scholarship is enjoyed
- incentive if the degree program is completed earlier than refund the scholarship grant with 12% interest for non-completion of the program within the prescribed period study and/or failure to comply with the service the prescribed period of study. obligation.

## SELECTION OF AWARDEES

- accomplished application form and other documentary evaluates screens requirements of the applicant. . Member-university
  - University endorses the list of potential qualifiers to SEI.

# Additional Process for DepEd Teacher Applicants

- DOST-SEI endorses to DepEd the list of names of potential qualifiers from DepEd who are teaching and non-teaching personnel with seven (7) or more years in service.
  - DepEd issues potential qualifier Certification re-Permit to go on Leave with Compensation,
- DepEd endorses to DOST-SEI the list of qualified DepEd teachers and non-teaching personnel for final approval of the DOST Secretary,
- 3. Upon approval of the DOST Secretary, the list of award ees is final and unappealable.
- DOST-SEI, through the Consortium Project Directors, sends the notice of award to the awardees.

South I. Bup OSETTE T. BIYO

Director

monera.salic@g.msuiit.edu.ph

Contact No.: 221-4050 to 55

ced.dsme.edu.ph

lligan City, Lanao del Norte

College of Education

Project Director

Prof. Monera Salic-Hairulla

8. MSU-IIT



Department of Science and Technology Science Heritage Building, DOST Compound, Bicutan, Taguig City Phone Nos.: 837-1333/839-0083 Website: www.sei.dost.gov.ph

# Where to Obtain and File Application Forms

### NCGSME

9. MSU-Marawi Dr. Bartolome L. Cagas

(Brochure is not year For prospective NIP MA. submit your NCGSME application. Dr. Wilson O. Garcia Director National Institute of Physics University of the Philippines Dilliman email: director@nip.upd.edu.ph Apply to the MA Physics program through the UPD College of Science Graduate Office Reflection National Contraction (Notice Manual Contract Notice) (Contract Notice)

School of Science and Eng'g.

1. ADMU
Dr. Evangeline P. Bautista
Project Director

Lovola Heights, Quezon City

Contact No.: 426-5985

426-6001 loc 5603

ebautista@ateneo.edu

10. PNU

Contact No.: 09177071417

College of Education

Legazpi Cty

Dr. Lorna M. Miña

BicolU

5

Project Director

lornsmm@yahoo.com

Dr. Eden S. David

CLSU

3

Project Director

Bayombong, Nueva Vizcaya School of Graduate Studies Contact No.: 09359660062 melanie.gurat@yahoo.com Project Director

College of Arts and Sciences

Science City of Muñoz,

eus davidrdd@yahoo.com

Contact No.: 940-8310

Nueva Ecija

Dr. Ma. Nympha B. Joaquin UP Diliman, Quezon City UP College of Education (63) 981-8500 loc 2811 mbjoaquin@up.edu.ph 12. UPCEd

College of Teacher Education

Dr. Ireneo C. Abad

4. CNU

Project Director

Contact No.: 09052159530

Cebu City, Cebu

614n231886@gmail.com

13. UP Open University

ricardo.bagarinao@upou.edu.ph Dr. Ricardo T. Bagarinao Contact No.: 536-6009 Faculty of Education UP Open University Los Baños, Laguna Project Director

Science Education Department

Dr. Lydia S. Roleda Project Director Taft Avenue, Manila

DESU

Contact No.: 526-5916

cbpsme@dlsu.edu.ph

Contact No.: 230-0100 loc. 146 Dr. Nelson A. Rosaroso College of Education Project Director

Office of the Graduate School

Project Director

Dr. Ma. Rocini E. Tenasas

ma.rocinitenasas@gmail.com

Contact No.: 09177051150

Facloban City, Leyte

nelson\_rosaroso@yahoo.com College of Science and Dr. Araceli A. Lim Project Director Mathematics

lim\_araceli@yahoo.com Zamboanga City Contact No.: 991-7979

College of Teacher Education

Laoag City, Ilocos Norte

Contact No.: 670-7964

arvcajigal@yahoo.com

Dr. Aris Reynold V. Cajigal

MMSU

Project Director

Contact No.: 320-0877 loc1810 elvie\_a2001@yahoo.com Dr. Elvira L. Arellano College of Education Project Director 16. WVSU

SCIENCE EDUCATION INSTITUTE Department of Science and Technology

### SCIENCE EDUCATION INSTITUTE

## CAPACITY BUILDING PROGRAM IN SCIENCE AND MATHEMATICS EDUCATION

### REGISTRY OF POTENTIAL QUALIFIERS

		-	-	-																	
	REMARKS									100											
THESIS/DISSERTATION TITLE																	39				
UNIVERSITY																					
	DOCTORAL DEGREE																				
LEVEL	(MS, PHD, THESIS OR DISSERTATION)																				
ENTRY	(NEW OR LATERAL)																				
UNIVERSITY GRADUATED	(BS OR MS COURSE)																				
GENDER COURSE COMPLETED	(F or M) (BS OR MS COURSE)																				
ENDER	For M)																				
PATINOS	NO.																				
BDAY	(YYYY-MM-DD)																				
EMAII	ADDRESS																				
	REGION																				
	DISTRICT																				
	ZIPCODE																				
	STREET VILLAGE TOWN PROVINCE ZIPCODE DISTRICT REGION																				
	TOWN																				
	VILLAGE																				
	STREET																				
SUFFIX	(Jr., III, etc.)																				
MIDDLE	NAME																				
FIRST	NAME														100						
LAST	NAME																				
	O	п	2	3	4	25	9	7	00	6	10	11	12	13	14	15	16	17	18	19	20

Name and Signature of Project Staff

Prepared by: