



INFORMATION SHEET FOR GRADUATE RESEARCH AND EDUCATION ASSISTANTSHIP FOR TECHNOLOGY (GREAT) PROGRAM APPLICANT



1. NAME _____
(Surname) (First Name) (Middle Name)

2. PROGRAM APPLIED FOR MS _____ PhD _____ UNIVERSITY _____
COURSE _____ Starting Semester _____
Major Field of Specialization _____ Commodity (where applicable) _____
Title of DOST/PCAARRD R&D Project: _____

3. HOME ADDRESS BUILDING, STREET _____
BARANGAY _____ CITY _____
PROVINCE _____ DISTRICT _____
REGION _____ ZIPCODE _____

4. PRESENT ADDRESS _____

5. AGE _____ 6. BIRTHDATE _____ 7. BIRTHPLACE _____

8. TELEPHONE NOS. (Residence – Landline and Mobile Phones) _____

9. SEX _____ 10. CIVIL STATUS _____ 11. E-MAIL ADDRESS _____

12. IF MARRIED, indicate: Name Age on Last Birthday
Spouse _____
Children _____

13. NAME OF PARENTS: Father _____
Mother _____

14. AGENCY AFFILIATION _____
Complete Address _____
Telephone Nos. (landline and mobile phone) _____

15. PRESENT POSITION _____

16. NATURE OF APPOINTMENT _____

17. LENGTH OF SERVICE IN PRESENT AGENCY _____

18. LENGTH OF GOVERNMENT SERVICE _____

19. WORK EXPERIENCES (start with the present)

Agency Position and Short Description of Job	Inclusive Date	
	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Items #13-17 as applicable, if not write NA

20. EDUCATIONAL QUALIFICATIONS

	Name of School	Degree	Major Field	Year Graduated	Average Grade
a. Elementary	_____	_____	_____	_____	_____
b. High School	_____	_____	_____	_____	_____
c. College	_____	_____	_____	_____	_____
d. Post Graduate	_____	_____	_____	_____	_____

21. GRADUATE COURSES ENROLLED IN/COMPLETED AND CREDITED TO THE PROGRAM APPLIED FOR

Course	Units	Title	Institution	Date Taken	Grade
TOTAL	_____			GWA	_____

22. Have you been admitted to the Graduate School of the University applied for?
 Yes No If Yes, for what term? _____

23. Are you presently holding any scholarship?
 Yes No If Yes, specify: _____

24. Have you suffered from any illness during the last twelve (12) months?
 Yes No If Yes, specify: _____

25. Have you been hospitalized or treated by a physician during the last twelve (12) months?
 Yes No If Yes, specify: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Government Issued Identification: _____
 Date Issued: _____
 Place Issued: _____

By affixing my signature below, I am giving my consent to the collection, use, and disclosure of my personal data in accordance to DOST-PCAARRD’s Data Privacy Policy.

 (Signature)

 (Date)