



20. EDUCATIONAL QUALIFICATIONS

	University/ School	Degree	Major Field	Year Graduated	Average Grade	Scholarship (If Applicable)
a. Elementary	_____	_____	_____	_____	_____	_____
b. High School	_____	_____	_____	_____	_____	_____
c. College	_____	_____	_____	_____	_____	_____
d. Post Graduate	_____	_____	_____	_____	_____	_____

21. GRADUATE COURSES ENROLLED IN/COMPLETED AND CREDITED TO THE PROGRAM APPLIED FOR (as of date of application)

Course	Units	Title	Institution	Date Taken	Grade
<b>TOTAL</b>	_____			<b>GWA</b>	_____

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. Do you have any other pending application for scholarship?  
 Yes  No If Yes, specify. \_\_\_\_\_

25. Have you suffered from any illness during the last twelve (12) months?  
 Yes  No If Yes, for what term? \_\_\_\_\_

26. 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)