College of Social Work and Community Development University of the Philippines



Form No. **CSWCD.AD.G-01**

*SS 2016-2017 MTVT*

Diliman, Quezon City

### *OFFICE OF THE COLLEGE SECRETARY*

Dear Applicant,

In connection with your inquiry/application for admission to the graduate program in Community Development (Dip/MCD) Social Work (Dip/MSW), Women and Development (Dip/MAWD) and Doctor of Social Development (DSD), we wish to inform you that the CSWCD Committee on Student Academic Welfare (CSAW) will need the following documents to evaluate your application for admission.

1. One (1) copy of duly accomplished application form (please see attached).
2. One (1) original and photocopy of the Official Transcript of Records (OTR) and Diploma/academic credentials (with no remarks).
3. Two (2) reference or recommendation letters from your former professors and/or recognized authority in the area of specialization or your supervisor [(click form here)](https://pages.upd.edu.ph/srocswcd/recommendation-form).
4. Four (4) copies of your recent photo (2x2 in size).
5. Two (2) photocopies of the Diploma or certificate of degree finished/awarded.
6. Two (2) photocopies of Marriage Certificate or its equivalent, if surname used by the applicant is not the same as reflected on the Official Transcript of Records.
7. For Foreign Applicants whose medium of instruction is not English, submit a TOEFL for studies with a passing grade (either paper, computer/internet based).
8. Two (2) copies of program of study, including a concept paper on the interest/area of research (for doctoral program).
9. Payment of application fee of **$35.00** or its Philippine Peso equivalent (non-refundable).
10. Additional requirements, for VISA purposes needed by the Office of Foreign Students Program (photocopy of PASSPORT with picture and personal information, personal history statement form. If the applicant graduated from an Asian University, a certification that the mode of instruction is English).

Please also note that an interview maybe required by the Department and/or the Committee on Student Academic Welfare.

All documents must be submitted **completely** via email to [*cswcdsro.upd@up.edu.ph*](mailto:cswcdsro.upd@up.edu.ph) on or before the specified DEADLINES (please refer to our POSTS @ [*facebook.com/srocswcdupdiliman*](file:///C:\Users\Amy-SRO\Downloads\facebook.com\srocswcdupdiliman) and [*https://pages.upd.edu.ph/srocswcd*](https://pages.upd.edu.ph/srocswcd)*.*

If qualified, the physical copies of the Application Form and all the requirements must be submitted immediately to SRO CSWCD prior the processing of the admission. **Applications with incomplete requirements will not be processed**. For further question, you may email SRO CSWCD UPD.

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## Application #

Passport size

2x2 Photo

**APPLICATION FOR ADMISSION**

Please check [/] one [ ] Diploma in Community Development [Dip. CD]

*(currently suspended)*

[ ] Diploma in Social Work [Dip. SW]

*(currently suspended)*

[ ] Diploma in Women and Development [Dip. WD]

*(currently suspended)*

[ ] Master of Community Development [MCD]

[ ] Master of Social Work [MSW]

[ ] Master of Arts in Women and Development [MAWD] [ ] Doctor of Social Development [DSD]

1. **PERSONAL INFORMATION** (Use block letters)

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: | Age: | | Sex: |
| First name: | Date of Birth: | | |
| Middle name: | Civil Status: | | |
| Maiden name (if married): | | Religion: | |
| Citizenship: | | Country of Origin: | |
| Present Address: | | Contact No. (landline)/Cellphone No. | |
| Provincial Address: | | Contact No. (landline)/Cellphone No. | |
| E-mail Address: | | | |

# WORK EXPERIENCE

|  |  |
| --- | --- |
| Name of Current Employer:  Address: Department: Nature of Office:  [ ] Government  [ ] Private  [ ] Others/specify: | Position/ Designation:  Inclusive Dates: Telephone:  E-mail:  Monthly Salary: |
| Nature of Work (Describe briefly your roles and responsibilities) | |

**WORK EXPERIENCE FOR THE LAST TEN YEARS** (use additional paper if required)

|  |  |  |  |
| --- | --- | --- | --- |
| **INCLUSIVE DATES** | **POSITION** | **NAME OF EMPLOYER** | **NATURE OF WORK** |
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### OTHER INVOLVEMENTS IN CIVIC OR VOLUNTARY ORGANIZATIONS

|  |  |  |
| --- | --- | --- |
| **INCLUSIVE DATES** | **NAME OF ORGANIZATION** | **NATURE OF INVOLVEMENT** |
|  |  |  |
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**Explain your reason(s) for pursuing your chosen degree program**

1. **ACADEMIC/TRAINING BACKGROUND** (Please declare all academic enrollments)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TITLE OF DEGREE/ DIPLOMA OBTAINED** | **DATE RECEIVED** | **INSTITUTION/ ADDRESS** | **HONORS**  **RECEIVED** |
| **GRADUATE** |  |  |  |  |
| **COLLEGIATE** |  |  |  |  |
| **SECONDARY** |  |  |  |  |
| Fellowship/Awards Received (Indicate name and nature of awarding institution; Date and Place where Award was given) | | | | |
| Indicate Training Program/s attended in the last five (5) years: (use additional paper if required) | | | | |
| Research and Publications in the last 10 years: (use additional paper if required) | | | | |

1. **PROPOSED PLAN OF STUDY**

|  |  |
| --- | --- |
| Describe briefly the relevance of a Diploma/Master/Doctorate Program in your career plans and/or self-development objectives | |
| Program Option:  [ ]Full-time [ ]Part-time | For MCD/MSW/MAWD applicants:  [ ]Thesis Track [ ]Non-thesis |
| Financial Support for Graduate Studies:  [ ] Self-supporting [ ] Agency Scholarship  [ ] Parents [ ] Others (specify) | |

1. **REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| List the name, position, office, address and contact number of the persons whom you asked to fill up the attached reference/recommendation forms as your academic referee. | | | |
| **NAME** | **POSITION** | **OFFICE AND ADDRESS** | **TELEPHONE NOS.** |
|  |  |  |  |
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**Have you ever been charged of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? [ ] YES [ ] NO**

If yes, please provide details of the case: (use additional paper if required)

**Date and Place Accomplished:**

**SIGNATURE OVER PRINTED NAME**

**I hereby declare that this application form has been accomplished by me and it contains true, correct and complete information.**

**Applicant’s declaration and signature:**