College of Social Work and Community Development University of the Philippines



Form No. **CSWCD.AD.G-02**

*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} a n d Di p l om a / academic credentials (with no remarks).
3. Two ( 2 ) reference or recommendation f o r m s from your f ormer professors and/ or recognized authority in the area of specialization or your supervisor (please see attached 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 contract or its equivalent. If surname used by the applicant is not the same as reflected on the transcript of record.
7. For foreign applicants whose medium of instruction is not English, you have to submit a TOEFL with a passing grade (either paper, computer/internet based, for Studies).
8. Two (2) copies of program of studies, including a concept paper, on the interest area of research (for doctoral program).
9. Payment of application fee of **($35.00)** (non-refundable)
10. Additional requirements, for visa purposes needed by the Office of Foreign Students Program (Photocopy of passport with picture and personal details, Personal history statement form, If the applicant graduated from an Asian university: a certification that the mode of instruction is English)

All documents must be submitted **completely** via email to SRO CSWCD [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> .

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. Incomplete requirements will not be processed. For further question, you may email SRO CSWCD UPD.

*(For foreign students only)*

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*SS 2016-2017 MTVT*

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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)  Cell phone NO. | |
| Provincial Address: | | Contact No. (landline)  Cell phone 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) | |

### YOURWORK 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 |
|  |  |  |
|  |  |  |
|  |  |  |

**Explain your reason(s) for pursuing y o u r c h o s e n d e g r e e p r o g r a m**

1. **ACADEMIC/TRAINING BACKGROUND**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 i n t he l ast 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.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have you ever been c harged 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)

|  |
| --- |
| **Applicant’s declaration and signature** |
| **Ihereby declare that this application form has been accomplished by me and it containstrue, correct and complete information.**  **PRINTED NAME OVER SIGNATURE**  **Date and Place Accomplished:** |