College of Social Work and Community Development University of the Philippines Diliman

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

*FS 2023-24 PENM*



Quezon City

### *OFFICE OF THE COLLEGE SECRETARY*

Dear Local 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 (of Undergraduate and Master’s Degrees completed for DSD) with General Weighted Average (GWA) of at least 2.0 for UP graduates and at least 1.75 for graduates from other schools.

**Additional requirements for MCD**:

* minimum of 1 year relevant experience in the field of community and social development may be required for non-BSCD graduates or
* students admitted to the graduate program may be required to enrol and pass CD 110 or its equivalent, depending on the evaluation of the Student Admission and Welfare Committee of the department.

1. Two (2) reference or **recommendation letters** from your former professors, a recognized authority in the area of specialization or your supervisor (you may download [**here**](https://cswcd.upd.edu.ph/wp-content/uploads/2023/05/cswcd_sf_07_recommendation_form.pdf))
2. Four (4) copies of your **recent photo (2x2** in size).
3. Two (2) photocopies of the **Diploma or certificate of degree finished/awarded**.
4. One (1) original and photocopy of **Honorable Dismissal** if graduated from school/university other than UP.
5. One (1) original and photocopy of **PSA/NSO Birth Certificate**.
6. One (1) original and photocopy of **PSA/NSO Marriage Certificate** or its equivalent, if surname used by the applicant is not the same as reflected on the Official Transcript of Records.
7. Two (2) copies of **program of study and a research concept paper (for doctoral program).**
8. Payment of **application fee of P100** for the diploma/masteral program and **P500** for doctoral program (non-refundable).

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

**All requirements must be submitted completely** to SRO on or before the specified DEADLINES (please refer to SRO posts).

**Applications with incomplete requirements will not be processed**. For further question, you may email SRO at [cswcdsro.upd@up.edu.ph](mailto:cswcdsro.upd@up.edu.ph).

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Form No. **CSWCD.AD\_G-01**

*FS 2023-2024 PENM*



Diliman, Quezon City

## 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:**