



UNIVERSITY OF THE PHILIPPINES MANILA

National Graduate Office for the Health Sciences

3/F Joaquin Gonzales Building, Padre Faura cor. Maria Orosa St.,
Ermita, Manila 1000 Philippines

Tel: (632) 88141248 • Email: upm-ngohs@up.edu.ph

Website: ngohs.upm.edu.ph



APPLICATION FORM

Please fill and tick the box of your choice then submit to (upm-ngohs-applications@up.edu.ph)

APPLICATION OR #: _____

DEGREE PROGRAM: _____

COLLEGE/UNIT: _____

ACADEMIC YEAR & SEMESTER OF APPLICATION:

11. Telephone(Res.): _____

12. Telephone (Office): _____

13. Mobile Number: _____

14. Fax : _____

15. E-mail: _____

16. Name, address and tel. no of person to be notified in case of emergency:

A. PERSONAL DATA

1. Surname: _____

2. First Name: _____

3. Middle Name: _____

4. Title: Mr Ms Prof Dr

5. Sex: Female Male

6. Date of Birth: _____/_____/_____
mm dd yyyy

7. Age: _____

8. Place of birth: _____

9. Nationality: Filipino
Specify region of origin: _____

Foreigner

Specify citizenship _____

Specify country of origin:

10. Civil Status: Single Married
 Separated Widow/Widower

Mailing Address:

Permanent Address:

B. ACADEMIC QUALIFICATIONS

1. Degree: BA/BS MD M/MA/MS
(Specify) _____

University: _____

Inclusive Years: _____

Honors, if any: _____

2. Degree: BA/BS MD M/MA/MS
(Specify) _____

University: _____

Inclusive Years: _____

Honors, if any: _____

3. Degree : BA/BS MD M/MA/MS
(Specify) _____

University: _____

Inclusive Years: _____

Honors, if any: _____

For UP Alumni, please provide the following:

Student No. : _____

UP Email: _____

SAIS ID: _____

INCOMPLETE and/or INCORRECT DOCUMENTS WILL NOT BE ENDORSED FOR EVALUATION



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C. PRESENT EMPLOYMENT

Position/Job Title: _____

Name of Institution: _____

Job Description: _____

Address: _____

Telephone/Fax No.: _____

Inclusive years: _____

D. FINANCIAL SUPPORT

Annual Income

Self: _____

Total Household: _____

Scholarship, fellowship or study privilege
(specify)

Others:

E. ENROLLMENT STATUS PREFERENCE

Load: Part-Time (1-8 units/semester)

Full-Time (9-18 units/semester)

Deadline for submission of application documents:

1st Semester : End of April

2nd Semester : End of October

F. GENERAL REQUIREMENTS

- An original and a photocopy of the application form (2 pages)
 - An original and two (2) photocopies of Valid Entrance Credential (Transcript of Records). Remarks shall be: "For Further Studies", "Copy for UP Manila"
 - A Certified True Copy and one (1) photocopy of Diploma with the university/college seal and signature of the registrar in ink
 - Two (2) copies of Curriculum Vitae
 - Two (2) complete and signed Recommendations (forms provided in the Application Packet). The sealed envelope must be addressed to: THE DIRECTOR, NGOHS
 - Photocopy of Birth Certificate
 - Photocopy of Marriage Contract for married female applicants
 - An Essay on an 8 1/2" x 11" sheet of paper describing your motivation for pursuing graduate study and your view of self-directed learning as a method of instruction. Likewise, provide a description of your research interest
 - A photocopy of PRC License/Certificate (for MRS, MRS-SP, MS Dentistry and MA in Nursing Applicants)
 - A dissertation proposal abstract and published creative works (for PhD Nursing Applicants)
 - An original and one (1) photocopy of official receipt of application fee
 - Four (4) passport-size pictures
- Additional Requirements for Foreign Applicants**
- Two (2) photocopies of TOEFL (or its equivalent) score of at least 500 (written test) or 173 (computerized tests), original to be presented for verification or a certification from the university previously attended that English is used as the medium of instruction
 - Affidavit of Support/Certification of Financial Capability in English
 - Two (2) Official Transcript of Records and Certified True Copy of Diploma in English. If written in another language, these documents must be translated to English and authenticated by the Philippine embassy /consul from country of origin
 - Two (2) photocopies of passport, original to be presented for verification

Submit all application documents to the National Graduate Office for the Health Sciences:
(<http://bit.ly/upmgraduateprograms>).



APPLICATION FORM

DATA PRIVACY ACT NOTICE

To exercise and safeguard academic freedom and uphold your right to quality education, the **University of the Philippines (UP)** needs to process your personal and sensitive personal information-that is, information that identifies you as an individual. UP is committed to comply with the Philippine Data Privacy Act of 2012 (DPA) <http://www.officialgazette.gov.ph/2012/08/15/republic-act-no-10173/> in order to protect your right to data privacy.

Student Declaration:

"I hereby affirm that all information supplied herein is complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies rules and regulations of the UP Manila.

I have also read the University of the Philippines' Privacy Notice for Students : <https://privacy.up.edu.ph/privacy-notices/ups-privacy-notice-for-students.html>

I grant my consent to and recognize the authority of the University of the Philippines Manila to process my personal and sensitive personal information, pursuant to the above mentioned Privacy Notice and applicable laws in connection with my application to shift/transfer/be admitted as a student of UP Manila (please refer to the link above for applicable personal and sensitive personal information).

I likewise consent to and recognize UP's authority to post online and/or in UP Manila bulletin boards at its option my name and program in the event I qualify for admission in order for the University to comply with its Charter and uphold the principle of transparency in the admissions process.

Signature

Date Signed



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RECOMMENDATION FORM

NAME OF APPLICANT:

DEGREE PROGRAM:

Sir/Madam:

The above-mentioned applicant of the UPM National Graduate Office for the Health Sciences has asked you to be his/her reference. Please fill up this form according to your best knowledge. A narrative of additional information which you want the UPM NGOHS to know about the applicant may be attached with this form. Place and seal them in an envelope to be mailed or hand carried to the UPM NGOHS. You may also scan the accomplished form and e-mail to upm-ngohs@up.edu.ph

Thank you very much.

Please rate the applicant accordingly.

Attributes	5 Exceptional	4 Superior	3 Average	2 Fair	1 Poor	Cannot Evaluate
1. Intellectual ability						
2. Research capability						
3. Capacity for critical/analytical thinking						
4. Leadership qualities						
5. Motivation for graduate studies						
6. Emotional stability						
7. Study Habits						
8. Teaching potentials						
9. Resourcefulness and creativity						
10. Honesty and integrity						

I recommend the candidate to the UPM NGOHS very strongly strongly.

I do not recommend the candidate to the UPM NGOHS.

Signature	
Printed Name	
Institution	
Position/Rank/Title	
Address	
Total number of years you have known the applicant	
In what capacity	<input type="checkbox"/> Professor <input type="checkbox"/> Supervisor/Employer <input type="checkbox"/> Others, specify
Date accomplished	