



Chiang Kai Shek College

Faculty of Graduates Studies
1477 Narra St., Tondo Manila

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PHOTO

APPLICATION FORM FOR ADMISSION TO GRADUATE STUDIES

INSTRUCTIONS

1. Please fill out this form carefully and print (using ink) or type all information requested. Only application forms completely and correctly filled out will be accepted. Write N/A if the information does not apply to you.
2. Submit the form, together with the following documents, to the office of the Dean of the Faculty of Graduate Studies (FGS):
 - a. Official Transcript of Records of the undergraduate degree completed;
 - b. Sealed Letters of Recommendation from any two (2) of the following: current/ former employer, former professor
3. Incomplete application forms will not be processed.

CKSC-FGS APPLICATION FORM

For the School Year ____ to ____	Date Filed	
Graduate Program Applied for (please check:) <input type="checkbox"/> Master of Arts in Education, MAEd (<i>Thesis Program</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Educational Management and Supervision <input type="checkbox"/> English Language Teaching <input type="checkbox"/> Sciences / Mathematics Education <input type="checkbox"/> Masters in Education, MEd (<i>Non-Thesis Program</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Educational Management and Supervision <input type="checkbox"/> English Language Teaching <input type="checkbox"/> Science / Mathematics Education <input type="checkbox"/> Master in Business Administration, MBA (<i>Thesis Program</i>) <input type="checkbox"/> Master in Business Administration, MBA (<i>Non-Thesis Program</i>)		

PERSONAL INFORMATION

NAME		
(Last Name)	(First Name)	(Middle Name)
HOME ADDRESS		
BUSINESS/ OFFICE ADDRESS		
TELEPHONE NUMBER (HOME)	MOBILE PHONE NUMBER	
TELEPHONE NUMBER (OFFICE)	E-MAIL ADDRESS	
DATE OF BIRTH	PLACE OF BIRTH	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS	CITIZENSHIP

ACADEMIC INFORMATION *(Please indicate schools attended beyond the secondary level)*

DEGREE/ MAJOR	SCHOOL	ADDRESS	INCLUSIVE DATES

WORK EXPERIENCE *(Starting from the most recent)*

POSITION	COMPANY	ADDRESS	INCLUSIVE DATES

HONORS/ AWARDS/CERTIFICATES EARNED OR RECEIVED

AWARD/ CERTIFICATE	ORGANIZATION	INCLUSIVE DATES

REFERENCES

Name	POSITION	COMPANY	ADDRESS	CONTACT NUMBER

Write an essay of 200 - 300 words on your intention(s) in seeking admission to graduate study. Please attach your signature. (Use separate sheet, if necessary)

I certify that all the information given herein and in the accompanying documents are true and correct. Falsification and/or withholding of information in this form shall automatically render this application void.

Applicant
(Signature over printed name)

