



Southeast Asia Interdisciplinary Development Institute
SCHOOL OF ORGANIZATION DEVELOPMENT

PHOTO

Name: _____
Last First Middle

Citizenship: _____

Permanent Address: _____

Contact Numbers:

Residence

Business

Mobile

Fax

Email Address: _____

Application for Admission

M.A. in Organization Development (OD)

M.A. in Instruction Development (ID)

Ph.D. in Organization Development (OD)

M.A. - Ph.D. in Organization Development (OD)

Signature: _____

Date of Application: _____

I. PERSONAL

1. Age

2. Birth Date:

3. Civil Status

4. Name of Spouse

5. Number of Children

6. Their Age Range:

From To

7. Father's Name

Occupation

8. Mother's Name

Occupation

9. Number of Brothers

Number of Sisters

10. Home Address

11. Citizen of

12. If not a citizen of the Philippines, do you intend to return to your own country?

II. PROFESSIONAL

1. Please list all colleges and universities attended. It is preferable that you enclose with this application official transcript of your records at each of the colleges and graduate schools listed. If for any reason you are unable to enclose an official transcript, please request the appropriate official to send one to the Office of the Admission, SAIDI, AC P.O. Box 267, Quezon City 1100, Philippines.

NAME OF INSTITUTION AND COUNTRY	DEGREE/ DIPLOMA	INCLUSIVE DATES FROM TO	MAJOR SUBJECTS
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2. College Extracurricular Activities (rank in order of importance to you)

	Rank	No. of year of Membership	Position Held if any
Social action group	_____	_____	_____
Professional organizations	_____	_____	_____
Religious or social service group	_____	_____	_____
Musical, dramatic, radio or debating club	_____	_____	_____
Publication	_____	_____	_____
Student government or class office	_____	_____	_____
Others	_____	_____	_____

3. Languages spoken and/or written. Please indicate “fluent” or “fair”

Written & Spoken	Written Only	Spoken Only

4. Distinction, Honor, Awards and Scholarships (Academic, extra-curricular, social, community or others.) *Use a separate sheet if necessary.*

A. _____

B. _____

C. _____

5. Professional organizations in which you hold a membership. *Use a separate sheet if necessary.*

A. _____

B. _____

C. _____

6. Professional experience. Full-time positions held. (List each position separately – most recent job first.) *Use a separate sheet if necessary.*

Inclusive Dates From To	Employer and nature of work	Annual Salary	Job Title	Responsibilities

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7. Describe your involvement with community activities, length of time, and any awards received.

8. Articles, books written. (Please include Publisher and Date of Publication) *Use a separate sheet if necessary.*

III. PERSONAL EVALUATION AND PLANS

1. We are interested in knowing about you as a person. In the space below, indicate what objectives you hope to achieve during the program; stage your career objectives; what led you to these objectives; factors in your background relevant to these career plans; and any additional relevant information about yourself. *Use a separate sheet if necessary.*

a) Personal Experiences:

b) Career Objectives:

2. Please describe a situation in which you felt you had some responsibility. This situation may be taken from family, school, business or community. Describe how this situation developed, your own part in it, the outcome, and upon reflection what you learned from this experience.

3. Having decided to attend the SAIDI Academic Program, what steps have you taken to prepare yourself for the course?

4. Do you have any disability or illness at the present time which might affect your academic progress or which would necessitate special housing arrangements? Yes No

If yes, please explain.

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5. All applicants are required to have a personal recommendation submitted on their behalf from three persons qualified to judge their past experience, accomplishment and to estimate their potential as leaders in the institution where they belong. Three forms are enclosed. The recommenders should be asked to return the form directly to the Office of Admissions, SAIDI, AC. P.O. Box 267, Quezon City 1100, Philippines. It is the applicant's responsibility to check with the recommender to make sure the form has been submitted. Please provide below the name and address and title of the persons you asked to write to us.

Name of Academe Recommender	Title	Address	Telephone

Note: Your application is considered for evaluation only when all the following admission requirements have been complied with:

- a) Formal application form
- b) Transcript of college and graduate work
- c) Three (3) Recommendations
- d) Interview Results

SAIDI Formation Center, Taktak Drive, Antipolo City 1870, AC P.O. Box 267, Quezon City, Philippines
