SAIDI Southeast Asia Interdisciplinary Development Institute

Tick the box of the Program are you enrolling in:

- ☐ MA in Organizational Development and Planning
- ☐ MA in Instructional Development and Technology (IDT)
- ☐ Ph.D. in Organizational Development and Planning
- ☐ MA-Ph.D. in Organizational Development Planning *(special case)*

Paste **2x2 PHOTO**

(or Email Digital Copy in Hi-res jpeg/png format)

PERSONAL INFORMATION *(Please enter your name as it appears on your passport or other official documents)*

Legal Name	*Last (Family)*	*First*	*Middle*	*Suffix, if any*	**Female** ☐ **Male** ☐
	Previous Last Name, if any		***Nickname***		
Birthdate	/ /	**Age**		**Marital Status**	
Place of Birth			**Citizenship**		

Personal Email Address		**Person to contact in case of emergency**	
Personal Mobile No.		**Contact No.**	

Permanent Home Address ☐ *Send school-related correspondence to this address*

Number	*Name of Building, if any*	*Street, Subdivision / Barangay*	
City / Town		*Country*	*ZIP / Postal code*
Home Telephone Number		**Mobile Number**	

Current Mailing Address ☐ *Send school-related correspondence to this address*

Number	*Name of Building, if any*	*Street, Subdivision / Barangay*	
City / Town		*Country*	*ZIP / Postal code*
Home Telephone Number		**Mobile Number**	

Additional Information Requirements for International Applicants

Passport Number		**Validity of Visa**	
Issued at		**Expiry Date**	
Contact Person in case of emergency		**Contact Number/s**	
		Email Address	
Contact Person in the Philippines		**Contact Number/s**	
		Email Address	

ACADEMIC INFORMATION

Please list all colleges and universities attended. Please enclose with this application the official transcript of records of your completed degrees from each of the schools/ colleges/ universities listed. If, for any reason, you are unable to enclose an official transcript, please request the appropriate school official to send one to the Office of the Registrar, SAIDI Graduate School of OD and Planning, Taktak Drive, Barangay dela Paz, Antipolo City 1870, Philippines.

Name of the Institution *(for additional space, please use a separate sheet)*	**Country**	**Degree / Diploma Conferred**	**Inclusive Dates**	
			From	*To*
Graduate School ☐ Government / Public ☐ Private ☐ Correspondence ☐ Other, specify: _____				
College ☐ Government / Public ☐ Private ☐ Correspondence ☐ Other, specify: _____				
High School ☐ Government / Public ☐ Private ☐ Correspondence ☐ Other, specify: _____				

Research Experience

Please indicate the full title/s of theses (College and/ or Masters) and dissertation that you wrote.

Please use a separate sheet when necessary.

Educational Level	**Research Title**	**Name of Institution**	**Inclusive Dates**
Graduate School			
College			

Other Research Involvement

Please indicate the full title/s of the research activities that you **were part of**.

Please use a separate sheet when necessary.

Your Role / Position in the Research Project	**Research Project**	**Name of Institution**	**Inclusive Dates**

Public Information

Please indicate the articles, books, and research papers you have **published** and/ or **presented**.

Please use a separate sheet when necessary.

Article / Book / Research Paper Title	**Research Project**	**Name of Institution**	**Inclusive Dates**

PROFESSIONAL EXPERIENCE *(Please attach your most recent CV for our reference)*

Current Position/s	Company / Country	Inclusive Dates

PERSONAL EVALUATION AND PLANS

We are interested in knowing about you as a person. In the space below, indicate what objectives you hope to achieve during the program; state 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.

Please use a separate sheet when necessary.

a) Personal Experiences

b) Career Objectives

c) 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.

d) Having decided to attend the SAIDI Academic Program, what specific steps have you taken to prepare yourself for this undertaking?

e) Do you have any disability or illness at the present time which might affect your academic progress or which would necessitate special study arrangements? If yes, please explain.

PERSONAL ESSAY

Please write an essay, **no more than 600 words**, to demonstrate your ability to communicate your thoughts. Describe in your essay your **(1)** key reasons for applying to the program, **(2)** interests or aspects of your background that have prepared or motivated you for a study in Organization Development, and **(3)** what are your future undertakings after completing an Organization Development degree. Please attach this to the application form.

ADDITIONAL INFORMATION

You may provide additional information that was not specifically inquired on in this application form.

Please use a separate sheet when necessary.

REFERENCES

All applicants are required to have a personal recommendation submitted on their behalf from three persons qualified to judge their past experience, accomplishments and to estimate their potential as leaders in the institution where they belong.
The Referees should be asked to return the form directly to the Office of the Registrar, SAIDI Graduate School of OD and Planning, Taktak Drive, Barangay dela Paz, Antipolo City 1870, Philippines.
It is the Applicant's responsibility to check with the Referees to make sure the form has been submitted. Please provide below the Referees' details.

Name of Referee	Designation / Title	Name of Organization and Complete Address	Office and Mobile Contact Numbers

AUTHORIZATION

By affixing your signature below, you are authorizing SAIDI Graduate School of OD and Planning to review your application for admission to the chosen program and you are also confirming that all information provided in this application, including the supplemental documents provided/ attached, are factual and honestly presented to the best of your ability.
I also ascertain my understanding that any misrepresentation of information indicated in this application form will be sufficient grounds for my application for admission/ continuance in the program to be denied.

Signature

Date Signed