



# SAIDI Southeast Asia Interdisciplinary Development Institute Graduate School of Organization Development

Tick the box of the Program are you enrolling in:

- MA in Organization Development
- MA in Instructional Development and Technology (IDT)
- PhD in Organization Development
- MA-PhD in Organization Development

**PHOTO**

**Print Copy:** 2x2  
**Email Digital Copy:** Hi-res jpeg 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	<input type="checkbox"/> Female	
							<input type="checkbox"/> Male	
Previous Last Name, if any							Nickname	
Birthdate	Month	Day	Year	Marital Status				
Place of Birth				Citizenship				
Age				If not a citizen of and residing in the Philippines, when do you intend to return to your country?				
If not English, indicate your first language				Language spoken at home				
Full Name of Spouse				Profession				
Contact Number/s				Name of Employer				
Children	For additional space, please use a separate sheet			Age	Living with You	Profession/ Occupation		
Child #1								
Child #2								
Child #3								
Child #4								
Parents								
Father								
Mother								
Number of Brothers			Number of Sisters			Age Range	From _____ years old to _____ years old	

## Permanent Home Address

Number			Name of Building, if any			Street Number, Street Address, Subdivision/ Barangay		
City/ Town			Country			Zip/ Postal Code		
Current Home Address Telephone Number			( )			Mobile Number		

## Current Mailing Address

Send school-related correspondence to this address

Number			Name of Building, if any			Street Number, Street Address, Subdivision/ Barangay		
City/ Town			Country			Zip/ Postal Code		
Current Mailing Address Telephone Number			( )			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 Organization Development, Taktak Road, Barangay dela Paz, Antipolo City 1870, Philippines.

Name of the Institution <i>For additional space, please use a separate sheet</i>	Country	Degree/ Diploma Conferred	Inclusive Dates	
			From (Year)	To (Year)
<b>Graduate School</b> <input type="checkbox"/> Government/ Public <input type="checkbox"/> Private <input type="checkbox"/> Correspondence <input type="checkbox"/> Other, specify:				
<b>College</b> <input type="checkbox"/> Government/ Public <input type="checkbox"/> Private <input type="checkbox"/> Correspondence <input type="checkbox"/> Other, specify:				
<b>High School</b> <input type="checkbox"/> Government/ Public <input type="checkbox"/> Private <input type="checkbox"/> Correspondence <input type="checkbox"/> Other, specify:				

### Research Experience

Please indicate the full title/s of theses (College and/ or Masteral levels) 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 research activities that you **were part of**.  
Please use a separate sheet when necessary.

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

**Publication 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	Name of Publication / Publisher/ Date or Name of Conference Presented/ Date	Inclusive Dates

**PROFESSIONAL EXPERIENCE**

List your work experience during the past 10 years.  
Write down each position separately, with the most recent as first. *Please use a separate sheet when necessary.*

Name of Employer and Nature of Business	Job Title and Key Responsibilities	Inclusive Dates
Nature of Business	Job Title/ Designation	
Name of Employer/ Country	Key Responsibilities	
Nature of Business	Job Title/ Designation	
Name of Employer/ Country	Key Responsibilities	
Nature of Business	Job Title/ Designation	
Name of Employer/ Country	Key Responsibilities	
Nature of Business	Job Title/ Designation	
Name of Employer/ Country	Key Responsibilities	

**Professional Organizations**

Please list the professional organizations/ associations in which you hold membership.

*Please use a separate sheet when necessary.*

Designation/ Role	Name of Organization/ Association	Inclusive Dates

**AWARDS, SPECIAL CITATIONS, and SCHOLARSHIPS**

Please list any academic awards, extra-curricular and significant citations you have received.

*Please use a separate sheet when necessary.*

Award Title	Awarding Body/ Institution	Date

**LANGUAGE COMPETENCIES**

Please list down the languages you use as well as indicate your fluency for each listed language.

Language	Indicate "Fluent" or "Fair"		
	Write <b>and</b> Speak	Write Only	Speak Only

**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.

**ON-LINE INFORMATION SOURCES**

You may provide links to online content (videos, collage, or newspaper articles) that will allow SAIDI Graduate School of Organization Development to get to know you more, your interests, and passion:

Brief Description	Link
	http://
	http://
	http://

**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 Office of the Registrar, SAIDI Graduate School of Organization Development, Taktak Road, 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 (Include Salutation)	Designation/ Title	Name of Organization and Complete Address	Office and Mobile Contact Numbers

**ADDITIONAL INFORMATION REQUIREMENTS FOR INTERNATIONAL APPLICANTS**

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

**AUTHORIZATION**

By affixing your signature below, you are authorizing SAIDI Graduate School of Organization Development 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**