SCIENCE EDUCATION INSTITUTE

Department of Science & Technology

Accelerated Science & Technology Human Resource Development Program

(UP Diliman-ASTHRDP)

**Change / Revision of Program of Study (POS)**

NAME: DATE: 

DEGREE & COURSE: 

START OF SCHOLARSHIP:



|  |  |
| --- | --- |
| **REQUIREMENTS CHECKLIST** | **✓** |
| Request letter duly endorsed by the Adviser and Institute Director | 🞐 |
| Program of Study | 🞐 |
| Financial Assistance Breakdown | 🞐 |



☞*To be fill up by ASTHRDP Staff only…*

EVALUATION: 🞐**Complete** 🞐**Approved by Project Leader** 🞐**Disapproved**

REMARKS:





EVALUATED BY: 

DATE OF APPROVAL: 