



SCIENCE EDUCATION INSTITUTE
Department of Science and Technology

DEFERMENT OF GRADUATE SCHOLARSHIP AWARD
Addendum to the Scholarship Agreement
AY ____ - ____

WHEREAS, it is the policy of DOST to grant scholarships in Master's/PhD degree in identified priority fields in science and technology under the **Accelerated Science and Technology Human Resource Development Program (ASTHRDP)**;

WHEREAS, the graduate scholarship awardee is unable to seek admission/enroll in any of the priority courses and/or DOST approved institutions;

NOW, THEREFORE, in consideration of the foregoing premises, the following terms and conditions are provided and agreed upon by the respective parties:

I. The **SCHOLAR** shall:

1. defer his/her scholarship award for one (1) semester only;
2. comply with the terms and conditions set forth in the Scholarship Agreement; and
3. submit the required documents (certificate of enrolment and program of study) on the following semester to signify the availment of his/her ASTHRDP scholarship award.

II. The **DOST-SEI** shall:

1. reserve the scholarship slot for Scholar for one (1) semester only; and
2. automatically forfeit the scholarship award of the scholar for his/her failure to comply with the aforementioned conditions.

Signed by the Parties this ____ day of _____ 20__ at the City of _____.

SCIENCE EDUCATION INSTITUTE

By:

JAYEEL S. CORNELIO, Ph.D.
Director

Scholar

Scholarship Program:

- ASTHRDP-Science Education
- ASTHRDP-National Science Consortium
- ASTHRDP-National Consortium in Graduate Science and Mathematics Education

Signed in the presence of:

GIOVANNI A. TAPANG, Ph.D.
Witness

EIZADORA T. YU, Ph.D.
Witness

SCIENCE EDUCATION INSTITUTE
Department of Science & Technology

Accelerated Science & Technology Human Resource Development Program
(UP Diliman-ASTHRDP)

DEFERMENT – 1 SEMESTER

NAME: _____ DATE: _____
DEGREE & COURSE _____
START OF SCHOLARSHIP: _____

REQUIREMENTS CHECKLIST	<input checked="" type="checkbox"/>
Justification letter	<input type="checkbox"/>
Deferment form <i>*Note: Please submit four (4) hard copies</i>	<input type="checkbox"/>



 To be fill up by ASTHRDP Staff only...

EVALUATION: Complete Approved by Project Leader Disapproved

REMARKS:

EVALUATED BY: _____
DATE OF APPROVAL: _____