DOST-SEI SCHOLAR GRADUATES TRACER
(**TR**acking **A**ctual **C**areer **E**xperience **R**eport)

General Directions: Please read each item carefully and answer as accurately as you can. Write answers in block letters and please do not leave any item unanswered. Your answers will be valuable inputs towards the improvement of the DOST-SEI Scholarship Programs.

I. PERSONAL INFORMATION

1. **NAME**

Last name	First Name	Middle or Maiden name

2. **MAILING ADDRESS:** _____

3. **SEX:** ☐ Male ☐ Female 4. **DATE OF BIRTH** (MM/DD/YYYY): _____

5. **CIVIL STATUS:** ☐ Single ☐ Married ☐ Separated/Divorced ☐ Widowed

6. **NAME OF PARENTS:** (Father) _____ (Mother) _____

ADDRESS: _____

7. **CONTACT NUMBERS/INFO**	HOME	OFFICE
Landline Phone Number		
Cellular Phone Number		
e-Mail Address		

II. SCHOLARSHIP INFORMATION

1. **SCHOLARSHIP PROGRAM** (Please Check) 2. **YEAR OF AWARD** _____

_____ PROGRAM A: RA 7687 Scholarship Program
_____ PROGRAM B: MERIT Scholarship program
_____ JLAP
_____ Cooperative Pre-Service Education for Science and Mathematics Teachers
_____ Scholarship Program in BSE Physics
_____ Others (Please Indicate) _____

3. **COURSE COMPLETED:** ☐ BS:_____ ☐ Technician:_____ ☐ Technical:_____
4. **SCHOOL:** _____
5. **YEAR GRADUATED:** _____ 6. **AWARDS/HONORS:** _____

III. CAREER/EMPLOYMENT INFORMATION

1. **CURRENT EMPLOYMENT STATUS** (Please Check)

☐ Employed, Locally ☐ Employed, Abroad ☐ Self-Employed ☐ Unemployed

2. **FOR THOSE WHO ARE CURRENTLY EMPLOYED**

2.1 **Name of Company:** _____
2.2 **Address of Company:** _____
2.3 **Sector** (Check One)**:** ☐ Government ☐ Private ☐ NGO/Foundation ☐ Academe
2.4 **Status of Employment:** ☐ Permanent ☐ Temporary ☐ Contractual

3. **FOR THOSE WHO ARE SELF-EMPLOYED**

3.1 **Name of Business:** _____
3.2 **Address:** _____
3.3 **Type of Business:** _____ 3.4 **Years of Operation:** _____

4. **FOR THE UNEMPLOYED**

4.1 **Reason(s) for Unemployment:** _____

5. **EMPLOYMENT HISTORY** (Start with the most recent, Including current employment)

Position	**Inclusive Period of Employment**	**Is Job Related to Undergraduate Academic Training?**		**Company/Address**
		YES	NO	

IV. CURRENT PROFESSIONAL AFFILIATIONS

Organization Name	Address	Position	Duration

V. RESEARCH AND DEVELOPMENT INVOLVEMENT

Field/Title of Research	Location/Duration	Fund Source	Nature of Involvement

VI. PROFESSIONAL AWARDS/RECOGNITIONS RECEIVED

Title of Award	Date Given	Awarding Body

Accomplished by: _____ **Date Accomplished:** _____

Signature over Printed Name

DO YOU KNOW THE WHEREABOUTS OF OTHER SCHOLARS? If so, please give us the following details:

SCHOLAR'S NAME	HOME ADDRESS/PHONE/e-MAIL	OFFICE ADDRESS/PHONE