

Republic of the Philippines
Mindanao State University-Iligan Institute of Technology
SCHOOL OF GRADUATE STUDIES

Ground Floor, CSM Bldg., Andres Bonifacio Avenue, Tibanga, 9200 Iligan City
Tel. No.: (063) 221-4050 Local 138 Tel./Fax No.: (063) 223-2345
Website: <http://csm.msuiit.edu.ph/sgs>



APPLICATION FOR ADMISSION TO GRADUATE PROGRAM

Degree Sought: Master of Science Major: Chemistry
☐ 1st Sem ☒ 2nd Sem ☐ Summer Academic Year 2008-2009

INSTRUCTION: Type or print clearly in ink and submit completed application form and other requirements on or before _____

1. Name: TEJANO IRISH ANDY
Last First Middle/Maiden
2. DEC. 18, 1986 CABANGLASAN, BUKIDNON FILIPINO 09275708359
Date of Birth Place of Birth Citizenship Tel. No.: Home/Office
3. Address: PRK. VANDA ACMAC, ILIGAN CITY LANAO DEL NORTE 9200
No./Street City/Town Province Zip Code
4. Marital Status: ☐ Married ☒ Single
5. Information on nearest relative (Father / Mother / Spouse if married / Guardian)
MARIO A. TEJANO PRK. VANDA, ACMAC, I.C. FATHER
Name Address/ Tel. No. Relationship
6. Education (From secondary to highest university education)

| Institution | Location | Date Attended | Degree Received | Major |
|-------------------------------------|----------------------------|---------------|---------------------|-------|
| <u>ILIGAN CITY EAST HIGH SCHOOL</u> | <u>STA. PELOMINA, I.C.</u> | <u>2004</u> | | |
| <u>MSU-IIT</u> | <u>TIBANGA, I.C.</u> | <u>2008</u> | <u>BS CHEMISTRY</u> | |
7. Scholastic honors or prizes/special trainings: CITY MAYOR SCHOLAR (ILIGAN CITY)
8. Civil Service Eligibility _____ Title of Examination _____ Date Taken _____ Rating _____
Professional Licensure _____
9. Professional Experience (From latest employment; include teaching and research. Use additional sheet or you may use the back of this sheet, if necessary.)

| Position | Employer's Name/Address/Tel. No. | Inclusive Dates | Remarks |
|----------|----------------------------------|-----------------|---------|
| | | | |
| | | | |
| | | | |
10. List two of your former professors or experts in your field as references.
Name & Title: Asst. Dean: Prof. Anita P. Rivera Address: Tibanga, Iligan City
Name & Title: Prof. Conrado G. Malinis Address: Tibanga, Iligan City

I declare that the information supplied in this application and the documentation supporting it are true and complete. I acknowledge that the provision of incorrect information and/or documentation in relation to my application may result in cancellation of admission or enrolment. If admitted, I agree to abide by the policies, rules and regulations of the MSU-IIT School of Graduate Studies.

[Signature] July 16, 2008
Signature Date



Republic of the Philippines
Mindanao State University-Iligan Institute of Technology

SCHOOL OF GRADUATE STUDIES

Ground Floor, CSM Bldg., Andres Bonifacio Avenue, Tibanga, 9200 Iligan City
Tel.: (063) 221-4050 Local 138
Website: <http://csm.msuiit.edu.ph/sgs>
Tel./Fax: (063) 223-2345

RECOMMENDATION FORM FOR ADMISSION TO GRADUATE PROGRAM

Name: Mr./Ms. TEJANO IRISH ANDY
Last Name First Name Middle/Maiden Name

Degree Sought: MASTER OF SCIENCE Major: CHEMISTRY
[] 1st Sem [☒] 2nd Sem [] Summer Academic Year: 2008 - 2009

How long have you known the applicant? 2 years

In what capacity have you known the applicant? She was my student in Industrial

He/She ranked 6th in my class of 25 students. Chemistry

Please rate the applicant on the following characteristics in comparison with other students in his/her class or other persons you have known. You may use the back of this sheet for additional comments. Your evaluation will be kept confidential.

| | Excellent (upper 5%) | Good (6-20%) | Satisfactory (21-50%) | Average (lower 50%) | No Basis for Judgment |
|--|-------------------------------------|-------------------------------------|--------------------------|------------------------|--------------------------|
| 1. Intellectual ability | <input checked="" type="checkbox"/> | | | | |
| 2. Academic preparation for proposed field of study | <input checked="" type="checkbox"/> | | | | |
| 3. Motivation | <input checked="" type="checkbox"/> | | | | |
| 4. Analytical & problem solving ability | <input checked="" type="checkbox"/> | | | | |
| 5. Initiative & independence | <input checked="" type="checkbox"/> | | | | |
| 6. Honesty & integrity | <input checked="" type="checkbox"/> | | | | |
| 7. Oral communication skills | <input checked="" type="checkbox"/> | | | | |
| 8. Written communication skills | <input checked="" type="checkbox"/> | | | | |
| 9. Emotional maturity | | <input checked="" type="checkbox"/> | | | |
| 10. Potential as a teacher | <input checked="" type="checkbox"/> | | | | |
| 11. Potential as a researcher | | <input checked="" type="checkbox"/> | | | |

I therefore ☒ strongly recommend
☐ recommend
☐ recommend with reservations
☐ do not recommend

the applicant for admission to graduate studies in MSU-Iligan Institute of Technology.

Printed Name: MARVIS, CONNOR C. Signature: [Signature]

Position: INSTRUCTOR I Date: July 17, 2008

Name and Address of Organization:

CHEM. DEPT. MSU-IIT, TIBANGA ILIGAN CITY

Note: Please enclose the completed form in an envelope, seal the envelope, and sign across the seal. Return the sealed envelope to the applicant or mail directly to the Dean, School of Graduate Studies, MSU-Iligan Institute of Technology, Tibanga, Iligan City 9200.



Republic of the Philippines
Mindanao State University-Iligan Institute of Technology

SCHOOL OF GRADUATE STUDIES

Ground Floor, CSM Bldg., Andres Bonifacio Avenue, Tibanga, 9200 Iligan City
Tel.: (063) 221-4050 Local 138
Website: <http://csm.msuiit.edu.ph/sgs>
Tel./Fax: (063) 223-2345

RECOMMENDATION FORM FOR ADMISSION TO GRADUATE PROGRAM

Name: Mr./Ms. TESANO IRISH ANDY
Last Name First Name Middle/Maiden Name

Degree Sought: MASTER OF SCIENCE Major: CHEMISTRY
[] 1st Sem [☒] 2nd Sem [] Summer Academic Year: 2008 - 2009

How long have you known the applicant? 2 years

In what capacity have you known the applicant? thesis advisee & as a student

He/She ranked _____ in my class of _____ students.

Please rate the applicant on the following characteristics in comparison with other students in his/her class or other persons you have known. You may use the back of this sheet for additional comments. Your evaluation will be kept confidential.

| | Excellent (upper 5%) | Good (6-20%) | Satisfactory (21-50%) | Average (lower 50%) | No Basis for Judgment |
|--|-------------------------------------|-------------------------------------|-------------------------------------|------------------------|--------------------------|
| 1. Intellectual ability | | | <input checked="" type="checkbox"/> | | |
| 2. Academic preparation for proposed field of study | | | <input checked="" type="checkbox"/> | | |
| 3. Motivation | | <input checked="" type="checkbox"/> | | | |
| 4. Analytical & problem solving ability | | <input checked="" type="checkbox"/> | | | |
| 5. Initiative & independence | <input checked="" type="checkbox"/> | | | | |
| 6. Honesty & integrity | <input checked="" type="checkbox"/> | | | | |
| 7. Oral communication skills | | <input checked="" type="checkbox"/> | | | |
| 8. Written communication skills | | <input checked="" type="checkbox"/> | | | |
| 9. Emotional maturity | <input checked="" type="checkbox"/> | | | | |
| 10. Potential as a teacher | | | <input checked="" type="checkbox"/> | | |
| 11. Potential as a researcher | | <input checked="" type="checkbox"/> | | | |

I therefore ☒ strongly recommend
☒ recommend
_____ recommend with reservations
_____ do not recommend

the applicant for admission to graduate studies in MSU-Iligan Institute of Technology.

Printed Name: Anita P. Rivera Signature: [Signature]

Position: Faculty, Chem. Dept. Date: July 14 2008

Name and Address of Organization:
MSU-IIT, Iligan City

Note: Please enclose the completed form in an envelope, seal the envelope, and sign across the seal. Return the sealed envelope to the applicant or mail directly to the Dean, School of Graduate Studies, MSU-Iligan Institute of Technology, Tibanga, Iligan City 9200.