

Republic of the Philippines OFFICE OF THE PRESIDENT COMMISSION ON HIGHER FOLICATION

CHED MEMORANDUM ORDER (CMO) No. 14

No. __14 Series 2004

To : CHED Regional Directors

All Heads/Presidents of Colleges and Universities

Subject: CHED OVERSEAS STUDY DEVELOPMENT PROGRAMS
(OSDP)

In accordance with pertinent provisions of Republic Act (RA) No. 7722, otherwise known as the "Higher Education Act of 1994", the Commission through the International Affairs Service is pleased to amountee the 2004 CHED Coverseas Study Development Program. The Program is especially designed to Coverseas Study Education Covers and Coverseas Charles Charle

The Overseas Study Development Program includes:

APEC Educators Exchange Program (AEEP)

This is a two-week attachment program to universities within the APEC region. AEEP offers opportunity for higher education faculty to benchmark the vibrant curricular, educational and research developments in the Asia Pacific Region.

Visiting International Professional Program (VIPP)

Support for international seminars for faculty, administrators and education officials signed under bilateral and multilateral agreements.

UMAP Scholarship Program (USP)

The University Mobility in Asia and the Pacific (UMAP) Scholarship Program provides support to promote university student mobility in the Asia Pacific region. The Scholarship will help make mobility programs more effective by ensuring credit for study undertaken on exchange and to facilitate greater mobility between UMAP countries/territories and other regions.

The enclosed Official Announcements provide full information on the program and qualifications necessary for application.

Immediate dissemination of this CMO to all concerned is desired.

Issued this 26th day of April 2004, Pasig City, Philippines

Officer-in-Charge

CHED OVERSEAS STUDY DEVELOPMENT PROGRAMS

Overseas Study Development Programs has been set up to support institutional development for effective policy and program development and to foster effective faculty and staff exchange in an increasingly international workplace.

The 2004 OSDP Awards are the following:

- D APEC Educators Exchange Program (AEEP)
- Visiting International Professorial Program (VIPP)
- UMAP Scholarship Program (USP)

Conditions for Admission

Admission to OSDP is open to heads and faculty of state universities and colleges and private higher education institutions, which are identified as Centers of Excellence and Center of Development that meet the requirements outlined below:

- Age Candidates must be between 20 to 60 years of age.
- Professional Experience Candidates should have several years of professional experience. They should hold a minimum of two years in the field of responsibility in higher education.
- Academic Qualification Candidates should hold at least a Bachelor's degree preferably in a field of responsibility.
- Language Proficiency Candidates should be proficient (read, write and speak fluently) in English.
- Letters of Reference All applicants have to provide confidential letters of reference from the Head of Educational Institution familiar with the candidate's professional competence.

II. Selection Process

- Application forms can be obtained from the CHED Regional Office. Completed application forms must reach the CHED INTERNATIONAL AFFAIRS SERVICE not later than May 15, 2004 accompanied by the following:
 - Photocopies of diplomas and certificates (certified)
 - Four (4) recent photographs (passport size)
 Letters of Reference/Endorsement from President/Head of Institution.
 - Curriculum Vitae
 - Medical Certificate (upon acceptance)
 - Service Contract (upon acceptance)

It should be noted that applications received or completed after May 15, 2004 would not be taken into consideration.

2) A Selection Committee composed of the OSDP Screening Committee shall review all applications for the program. Candidates are notified in writing of the outcomes of their application. Successful candidates must contact the IAS of their intention to attend the program at once.

III. Benefits and Privileges

The Program covers airfare and subsistence allowance for participants, but is unable to provide clothing allowance and insurance or any other indirect participation costs. Thus, a participant must take responsibility for those costs.

3.1. Airfare

The grantee will be provided with round-trip transportation using the most direct route, which shall be of economy class. Travel time shall be computed according to the most direct route.

3.2. Allowance for Board and Lodging

When not provided by the receiving country, board and housing expenses shall be allowed in an amount to be determined based on prevailing rates in the host country. In no case shall be rates for grantees exceed the rates prescribed in EO. 248 8 1995, whichever is lower and provided that the allowance for lodging shall be noncommutable and supported by official receiving.

3.3 Compensation

The grantee shall be entitled to the payment of his/her salaries and such allowances that he/she may be entitled to while on official study status.

3.4 Pre-departure Expenses

The grantee shall be entitled to One Thousand Five Hundred Pesos (Pl,500.00) to cover miscellaneous and incidental expenses such as taxi fare, passport photographs and terminal fees.

3.5. Approval of the Trip

All study trips under the program shall be subject to prior approval of the Chairman, Commission on Higher Education and for the position above the rank of Assistant Secretary, the approval of the President.

Further Information please contact:

International Affairs Service Commission on Higher Education Ground Floor, DAP Bidg., San Miguel Avenue, Ortigas Center, Pasig City Tel: (632)637-35-71 Fax: (632) 637-13-17 E-mali: ias@hed.gov.ph

OVERSEAS STUDY DEVELOPMENT PROGRAM

APPLICATION FORM

Programs 2004

APEC Educators Exchange Programs (AEEP)
Visiting International Professorial Program (VIPP)
UMAP Scholarship Program (USP)

	Family Name:	First Name:	Maiden Name:			
	Home Address:		Tel: Fax: E-mail:		ATTACH RECENT HOTOGR/	Γ
١.	Office Address:		Tel.:Fax:E-mail:	_ 1		
	Give name of relativ Name:		cy address: Address:			
	Relationship:		Telephone:	Fax:		_
	Date of birth: Co	untry and place of b	oirth:	Sex	=	
i.	Nationality:	Marital	Status:			
	EDUCATION: Lis	t in chronological o	rder the higher education	n ortablish	monto vou	hou

 EDUCATION: List in chronological order the higher education establishments you have attended, including specialized training which led to the granting of certificates or diplomas. If you have got a diploma, please specify the dates of award. Attached copies of all your diplomast/degrees.

Name of educational establishment, place and country	Years a	Years attended Prom To Degrees, certificates, diplomas (in original language): state main subjects			Date diploma obtained Date	
A. University or equivalent						
					.4	

8. PAST FELLOWSHIP OR SCHOLARSHIP HELD FOR STUDIES ABROAD.

Sponsors	Institution, programme & country of study	Date

 EMPLOYMENT RECORD – Starting with your present position list in reverse order every employment during the past ten years

A. PRESENT POSITION	Description of: a) your type of work; b) your main duties; c) the number and type of subordinates. Use additional sheets if necessary
Dates of employment – From: To present:	
110m. , 10 present.	
Exact title of your position and place of work:	
The part of the pa	
Name and address of employer	
Name and title of your immediate supervisor	
	Add an organization of your institution with indication of your exact place of work and copy of your post description, if available
B. PREVIOUS POSITION:	Description of: a) your type of work; b) your main duties; c) the number and type of subordinates. Use additional sheets if necessary
Dates of employment – From: To present:	
Exact title of your position and place of work:	

Name and title of your immediate supervisor		upervisor				
						7.
Reason for	leaving					
		-				
C. If applicaddition	cable, give here a brief nal sheets if necessary,	of employmen but be brief	it(s) held before t	those covered a	bove (in reverse order).	Use
Period	Title of/or functi	on	Employer		Supervisor	
	1					
	RENCES: List three	persons not r	elated to you by i	blood or marria repeat names I	ge, who are familiar with sted in item 9C.	
10. REFE	your chara	ere. ania quan				
10. REFE	Name your chara		ull-address	1	Profession	

11. I certify that the statements made by me in answer to the foregoing questions are true and complete. I understand that willful misrepresentation renders invalid my application.

Date	Signature		
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12. Please attach to this file

- ⇒ An official letter of presentation
- ⇒ 4 recent photographs. Please print your name clearly on the back of each
- ⇒ Copies of your diplomas/degrees
- Two confidential letters of reference directly addressed to the International Affairs Service, by persons familiar with your professional competence, preferably the President of Home University/college, university professor, a senior officer etc.



UMAP SCHOLARSHIP PROGRAM 2004 ANNEX FOR ADDITIONAL INFORMATION

•	Dank account
	Name of the bank
	Name of the account
	Account number
	Any other information and/or instruction, if any:
	Alternate authorized official
	Name.
	Position
	Address
	relephone no.
	Facsimile no.
	-mail address
	Alternate authorized official
	Vame.
	Position
ì	Address
,	elephone no.
1	acsimile no.
)	-mail address



UMAP SCHOLARSHIP PROGRAM APPLICATION FORM

HOME MAILING					
Name of Institution					
Address					
City					
CONTACT PERSON					
Last Name		Fi	irst Na	me	
Position					
Address					
City					
E-Mail					
*					
INFORMATION ON THE EXCHA	NGE	STUDENT			
Last Name		Fi	irst Na	me	
Date of Birth (dd/mm/yy)		Se	ex	□ Male	- D Female
Current Address	-				
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Tel Fax					
Present Status					
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The period of study at host institution		1 semester		2 semesters	
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	_			Others	
PA	_				
lumber of credits for transfer					
difficulty of creating for transfer		s . 1 Cteunt III	icans	nrs/week tor	week
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nstitutional criteria for selecting the					



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Add	ress		
City		Country	Zip Code
Con	TACT PERSON	,	
Last	Name		First Name
Posi	tion		
Add	ress		
City		Tel	- Fax
E-M	ail		A 104
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CER	Thecationor	RNTERT	
I here	by certify that all informat	ion written in application	is accurate and true
	Name of authorized office	ial of the home institution	1
	(please print):	-	
	Signature		