



COURSE APPLICATION FORM

Course Title: Leadership Excellence in Academe Program for Southeast Asia (LEAP SEA)

Course Duration: 19-24 July 2010

Applicant's Name: _____
(Last Name) (First Name) (M.I.)

Sex (please check): Male Female

Date of Birth: _____
(Day) (Month) (Year)

Civil Status (please check): Single Married Others

Nationality: _____ **Dietary Restrictions, if any:** _____

Religion: _____

Residential Address:

Home No./Street	
Village/Subdivision/Barangay	
Town/City/Municipality	
Province	
Country	
Tel. No.:	
Fax No.	
Mobile/Cellular:	
E-mail Address (es):	

Organizational Information:

<p>Position/Title: _____</p> <p>Organization/Institution: _____</p> <p>_____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>ZIP Code: _____</p> <p>Country: _____</p> <p>Tel. No. _____</p> <p>Fax: _____</p> <p>E-mail address(es): _____</p> <p>_____</p> <p>_____</p>	<p>No. of years total professional working experience: <input style="width: 50px;" type="text"/></p> <p>No. of years at present position: <input style="width: 50px;" type="text"/></p> <p>No. of years with present organization: <input style="width: 50px;" type="text"/></p> <p>What are your main job responsibilities?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Please paste your photo here



Educational Attainment (please check all that applies):

- Diploma (indicate year completed and institution): _____
Field of Study: _____
- Bachelor (indicate year graduated and university): _____
Major: _____
- Master (indicate year graduated and university): _____
Major: _____
- Doctorate (indicate year graduated and university): _____
Major: _____

Other relevant training, please specify:

Please describe briefly below the main reasons why you should participate in this workshop:

I am applying for my participation in the above-mentioned workshop and if admitted, the following arrangements will need to be made:

How will you pay for the course fee?

- Will wire-transfer the fee to SEARCA
- Will send US\$ draft check made to SEARCA
- Will pay in US\$ cash/TC upon arrival in Bogor, Indonesia

Who will provide you with funding support?

- Own Institution/Organization
- Self
- Other Sponsoring Agency: please specify (include contact person, phone, and fax numbers)

Signature over Printed Name

Endorsed by:

Name and Signature of Endorsing Officer

Position

Date

Agency Official Seal

Please FAX, email, or post this Application Form *on or before 30 June 2010*, accompanied by an endorsement letter from your institution about your participation to the program, to:

MARIA CELESTE H. CADIZ, PhD

Manager

Knowledge Management Department

Southeast Asian Regional Center for Graduate Study and Research in
Agriculture (SEARCA)

College, Los Baños, Laguna 4031, Philippines

Fax: (049) 536-2283, 536-7097

Email: mchc@agri.searca.org, nea@agri.searca.org

How did you get the information on this workshop?

- From the Internet/Website
- From the SEARCA Training Brochure
- From a SEARCA Staff/Officer
- From other sources (please specify):
