

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
CAMPUS: _____

SIP HOST AGENCY REPLY FORM

Please check what applies:

- YES, we are willing to accommodate your students as interns in our agency
- No, we cannot participate in the internship program.
- Please contact us next year.

Agency:	Date of internship (PSHS Calendar): <i>If you have another preferred dates of internship please indicate:</i>
Department:	Preferred date of internship:
Maximum number of student-interns you can accommodate:	Preferred grade level: <input type="checkbox"/> incoming grade 10 <input type="checkbox"/> incoming grade 11 <input type="checkbox"/> incoming grade 10 or 11

Kindly provide us the task our student- interns will be expected to do in your agency.

(You may photocopy the reply form for each department that will participate in your agency.)

PROPOSED ACTIVITIES		
Day Number	Planned Activities	Expected

		Output/Learning Outcomes
Day 1 – Pre-Internship Day		
Day 2-Day 5 (First Week)		
Day 6-Day 10 (Second Week)		
Day 11-Day 14 (Third Week)		
Day 15 (Post-Internship Day)		

Accomplished by:

Agency Representative

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SIP PERSONAL DATA SHEET

Please print/type legibly and fill-out completely.

Name:			Campus:
<i>Surname</i>	<i>First Name</i>	<i>Middle Initial</i>	
Sex:	Age:	Birthdate:	Birthplace:
Complete Home Address:			Tel. No.:
Complete Residential Address during the Science Internship Program (SIP):			Tel. No.:
Email address:		Cellphone No.:	

	FATHER	MOTHER	GUARDIAN during SIP (if any)
Complete Name:			
Cellphone No.:			
Email Address:			
Occupation:			
Office Name:			
Office Address:			
Office Tel. No.:			

Agency of Choice for SIP		Research Interests	Special Skills that may be relevant for internship
1 st Choice:			
2 nd Choice:			

Honors and Achievements	Hobbies and personal interests

GWA (General Weighted Average)	Grade 7:	Grade 8:	Grade 9 (3 rd Quarter):

SUBMITTED BY: _____
 Signature of Student