



SCHOLARSHIPS FOR STAFF AND INSTRUCTORS' KNOWLEDGE ADVANCEMENT PROGRAM

CERTIFICATE OF DELOADING AND DECLARATION OF NO WORKLOAD Full-Time Study

Term SecondAY 2021 - 2022

Instructions: (1) Please write in PRINT; (2) Use a check mark (✓) to answer the appropriate box corresponding to your answer.

PERSONAL INFORMATION

NAMEFRANCE ALLAN MOLATO CAVITE

CURRENT ADDRESS350 BONTOC, HINDANG, LEYTE

CONTACT NUMBER0933-465-4397EMAIL ADDRESSfrancemcavite@su.edu.ph; franceallan.cavite@vsu.edu.ph

STATUS OF EMPLOYMENT☒ CURRENTLY EMPLOYED☐ UNEMPLOYED

CURRENT HEI OF EMPLOYMENTVISAYAS STATE UNIVERSITYSTART DATE OF EMPLOYMENTFEBRUARY 5, 2017

IF UNEMPLOYED, INDICATE HEI OF LAST EMPLOYMENTN/AIF UNEMPLOYED, DATE OF SEPARATIONN/A

ACADEMIC INFORMATION

HEI OF GRADUATE DEGREE PROGRAM (DO NOT ABBREVIATE)SILLIMAN UNIVERSITY

DEGREE PROGRAM (DO NOT ABBREVIATE)DOCTOR OF PHILOSOPHY IN NURSING (PHD NURSING)

TEACHING AND/OR WORKLOAD INFORMATION

☒ I have 0 units of teaching and/or 0 hours of non-teaching load IN THE PAST semester, ie. Term First, AY 2021 - 2022.

☒ I have 0 units of teaching and/or 0 hours of non-teaching load FOR THE CURRENT semester, ie. Term Second, AY 2021 - 2022.

IF UNEMPLOYED

By affixing my signature in this document, I certify that:

- ☐ I am no longer connected with an HEI within the last 12 months, since (MM/YYYY) .
- ☐ I am currently NOT employed with any institution, and am pursuing the graduate degree program under full-time study.
- ☐ I shall continue to be and shall commit to finish the degree under full-time study.
- ☐ All information I have provided in this form is complete, true and correct to the best of my knowledge.
- ☐ The contact information (mobile/phone number/s and email address) I have indicated in this form is up-to-date and assures CHED that I will be reached/contacted through these contact details. In the event of any change of contact information, I will immediately update the same to the CHED.
- ☐ I fully understand and accept the legal consequences and take full accountability of giving incorrect, untruthful, non-disclosure and/or misleading information to CHED.
- ☐ I hereby give my consent for the Commission to collect, record, retrieve, consolidate and use information I have voluntarily provided concerning my scholarship as provided under the "Guidelines for the Scholarships for Staff and Instructors' Knowledge Advancement Program (SIKAP) Grant"

SIGNATURE ABOVE PRINTED NAME

DATE

IF CURRENTLY EMPLOYED IN AN HEI

This is to certify that by signing this document:

- ☒ I am officially released from any teaching and non-teaching responsibilities, and I am pursuing the graduate degree program under full-time study.
- ☒ I shall continue to be and shall commit to finish the degree under full-time study.
- ☒ All information I have provided in this form is complete, true and correct to the best of my knowledge.
- ☒ The contact information (mobile/phone number/s and email address) I have indicated in this form is up-to-date and assures CHED that I will be reached/contacted through these contact details. In the event of any change of contact information, I will immediately update the same to the CHED.
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FRANCE ALLAN M. CAVITE
SIGNATURE ABOVE PRINTED NAME

February 7, 2022
DATE

Certified True and Correct:

HONEY SOFIA V. COLIS / EDGARDO E. TULIN
SIGNATURE ABOVE PRINTED NAME

February 7, 2022
DATE

Head of Human Resource Office or its equivalent
and University President



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