Bicol University
Extension Management Division
Legazpi City

Faculty Expert Data Sheet

Name: _____ CP No. : _____
College/ Unit: _____ E-mail Address: _____
Position: _____ _____
Designation/s: _____
How long have you worked at Bicol University: _____

I. Educational Background

EDUCATIONAL ATTAINMENT	SCHOOL	COURSE/MAJOR	THESIS/ DISSERTATION/ STUDY
Baccalaureate Degree			
Master's Degree			
Doctorate Degree			
Other Relevant Degree Earned			

Licensed Profession/s: _____

II. Field of Specialization/s, Special Skills

Relevant training attended related to the field of specialization/ skill at least within 10 years. (Note: Continue on a separate sheet if necessary)

Field of Specialization/ Skill	Title of Training or Seminar	Date Attended	No. of Hours	Conducted/ Sponsored by

III. **Program/ Project Involvement within 10 years.** (Note: Continue on a separate sheet if necessary).

Program/ Project	Brief Description	Period Covered	Designation	Accomplishment	Status

IV. Other Information:

Volunteer Works within 10 years. (Note: Continue separate sheet if necessary).

Company/Agency	Period Covered	Nature of Work

V. Awards/ Citations:

Title/Award/Citation	Date Conferred	Commending Unit/ Agency

VI. Books/ Research/ Publications Published:

Title	Designation	Date Published

I hereby certify the correctness of the above information.

_____
SIGNATURE OVER PRINTED NAME
Date _____