Republic of the Philippines
COMMISSION ON HIGHER EDUCATION
DAP Bldg., San Miguel Avenue, Ortigas Center, Pasig City

Expanded Tertiary Education Equivalency and Accreditation Program

DATA/INFORMATION REQUIREMENTS
FROM DEPUTIZED HIGHER EDUCATION INSTITUTIONS
(to be submitted to ETEEAP at the end of every semester and at the end of each academic year)

1. Total number of inquiries per program;
2. Total number of actual applicants per program by gender and employment status;
3. Total number who availed of ETEEAP by program and status as follows:
   - Initial Guidance/Counseling
   - Initial Assessment
   - Portfolio Preparation
   - Assessment Proper
4. Total number of applicants who completed assessment proper but not awarded degree
   By program and status (i.e., tracked to) as follows:
   - Competencies enhancement services (CES)
   - Tutoring
   - Mentoring
   - Alternative Learning Program by Package:
   - Regular Institutional Degree Program
5. Total number of applicants who were:
   - Awarded degree
   - Awarded certificate (if applicable)
6. Total number of applicants awarded degree/certificate who:
   - Gained job improvement
   - Pursued further higher education
   - Changed job
7. Total number of applicants who:
   - Dropped-out
   - Deferred completion of the program
8. ETEEAP program with:
   - The highest number of applicants
   - The highest number of applicants completing the program
   - The least number of applicants
   - The least number of applicants completing the program

9. Fees and other charges incurred per program by applicant in each of the following cost components:
   - Application
   - Registration
   - Documentation
   - Initial guidance
   - Initial assessment
   - Portfolio preparation
   - Assessment proper

10. Total number by program of:
   - Guidance person
   - Career counselor
   - Tutor
   - Mentor
   - Assessor (Internal)
   - Assessor (External)
   - Other Resource Experts

_________________________________________    _______________________________
Name of Institution                      Name of ETEEAP Coordinator

Name of President : ____________________  _______________________________
Contact Numbers : ______________________  Date Submitted