

**Universidad Popular
Autonoma del Estado de
Puebla**

OPE ID: 02130300

RELEASE

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School Name: Universidad Popular Autonoma del Estado de Puebla
21 Sur No. 1103
Puebla, Pue, Mexico

No application has been started.

Electronic Application

Section A. Please answer these general questions.

1. Tell us why you are submitting the application.
2. What is the name of your institution?
Universidad Popular Autonoma del Estado de Puebla
- 3a. Do you have another name such as trade name or d/b/a name under which you legally do business as a postsecondary educational institution?
No
- 3b. During the past four years, have you had another name that you have not previously reported to the Department of Education?
No
4. Check here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions.
5. What is your 8-digit OPE ID number?
02130300
- 6a. What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?
- 6b. What is your 9-digit DUNS number?
812571412
7. What was your most recently completed award year?
Beginning Date:
Ending date:
8. What is your current award year?
Beginning Date:

Ending date:

9. Does your institution have a website (or home page) on the Internet?
www.upaep.mx
10. Who is your chief executive officer (CEO)/president/chancellor?

Name	Dr. Jose Alfredo Miranda-López
Job title	Rector
Business address	21 Sur No. 1103 Col. Santiago Puebla, Pue, PUEBLA MEXICO 72160
Telephone number	52-222 2299498
Fax number	52-222 2325251
E-mail address	joserodolfo.carvajal@upaep.mx

11. Who is chief your fiscal officer/financial officer?

Name	Mr. Gonzalo Gomez-Collado
Job title	Director Administrativo
Business address	21 Sur No. 1103 Col. Santiago Puebla, Pue, PUEBLA MEXICO 72160
Telephone number	52-22202299400
Fax number	52-222 2325251
E-mail address	ggomez@upaep.mx

12. Who is your chief financial aid director?

Name	Mr. Rogelio Maldonado
Job title	Director de Apoyos Financieros
Business address	21 Sur No. 1103 Col. Santiago Puebla, Pue, PUEBLA MEXICO 72160
Telephone number	52-222-2299400
Fax number	52-222-2325251

E-mail address	rmaldo@upaep.mx
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13. To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?

Check here if this is the same person as in Question 10.

14. Whom should we contact if we have questions about information in this form?

Name	Mr. José-Rodolfo Carvajal-S
Job title	Director de Proyectos Internacionales
Business address	21 Sur No. 1103 Col. Santiago Puebla, Pue, PUEBLA MEXICO 72160
Telephone number	52-222-2299498
Fax number	52-222-2325251
E-mail address	rcarvaj@upaep.mx

Section B. Please tell us about your accreditation and state authorization to provide postsecondary education.

15. What is your accrediting agency?

Accreditor Abbreviation	Name of Accreditor	Year Last Accredited	Number of Years	Primary Accreditor	Institution- wide/ Programmatic	End Date
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16. Check here if you do **not** offer a flight program.

If you offer a flight program, provide your certification number from the U.S. Federal Aviation Administration (FAA).

Number Date FAA certification expires

Section C. Please describe your institutional control and structure.

18. Check your type of institutional structure.

Public institution

Private nonprofit 501(c)(3) institution

For-profit institution

Foreign institution (check one)

Public institution

Private non-profit institution

For-profit institution

19. Check here if this is a request for initial certification.

For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure changed?

No

If yes, give the date of change.

20. Check here if you have a board of trustees.

Check here if you have a board of directors.

Check here if you have more than 10 on your board, list only the board's executive committee, and provide the name of a contact person in Question 21.

Name	End Date
Mr. José-Antonio Quintana-F	
Mr. Marco-Antonio Mascarúa-Flores	
Mr. Francisco Emelhainz-N	
Mr. Carlos Solana-Pumarino	
Mr. Enrique Pérez-Benítez	
Mr. Bernardo Ardavín-Migoni	
Mrs. Martha Cruz-Albo	
Mrs. Lilia Regordosa-V	
Mr. Julio Barberán-Fons	
Mr. Jorge Barrón-Levet	

21. If you provide only the board's executive committee in Question 20, tell us who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

Name
Mrs. Lilia Regordosa-V

Job title	Secretario de la Junta de Gobierno
Business address	21 Sur No. 1103 Col. Santiago Puebla, Pue, PUEBLA MEXICO 72160
Telephone number	52-222-2299400
Fax number	52-222-2325251
E-mail address	rector@upaep.mx

Section D only applies to proprietary schools and not-for-profit institutions with a change in control.

Section E. Please provide the following information for each educational program that you are requesting be eligible to participate in federal student financial aid programs.

26. Please check each box that describes the educational programs that you provide as of the date you submit this application or that you will provide during the current award year. **Provide information only on programs that you wish to be eligible for federal student financial aid.** (You may check more than one box.)
- a. associate degree programs
 - b. bachelor's degree programs
 - c. master's degree programs or doctoral degree programs
 - d. first professional degree programs
Measure by direct assessment instead of clock or credit hours
 - e. graduate or professional programs
 - do not lead to a post-baccalaureate degree
 - are at least 10 weeks, and
 - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.
 - prepare students for gainful employment in a recognized occupation.
 - f. two-academic-year transfer programs
 - g. undergraduate programs that
 - lead to a certificate or other recognized educational credential,

- prepare students for gainful employment in a recognized occupation,
- are at least 15 weeks, and
- provide at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction.

h. undergraduate programs that

- lead to a certificate or other recognized educational credential,
- prepare students for gainful employment in a recognized occupation,
- are at least 10 weeks, and
- provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.

AND

- require an enrolling regular student to have an associate degree or higher degree.

i. undergraduate programs that

- lead to a certificate or other recognized educational credential,
- prepare students for gainful employment in a recognized occupation,
- are at least 10 weeks, and
- provide at least 300 but not more than 599 clock hours of instruction.
- do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and
- have been provided for at least one year.

j. Post-baccalaureate teacher certification program necessary to become a teacher in an elementary or secondary school in that state. Please refer to the *glossary* for more information about this program type.

X Check here if you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete each of your programs.

27. If you checked boxes **e.**, **g.**, **h.**, or **i.** in Question 26 provide the following information.

27a. Graduate non-degree programs.

27b. Undergraduate non-degree programs.

27c. Short-term undergraduate non-degree programs.

28. Do you contract with an organization or ineligible institution (such as internship, externships, practicum in nursing, midwifery, medical technician, etc.) to provide more than 25% of any educational program?

No

Section F. Please tell us about your locations.

29. What is your principal location?

Universidad Popular Autonoma del Estado de Puebla
21 Sur No. 1103
Col. Santiago
Puebla, Pue, PUEBLA MEXICO 72160

30. Provide the following information for your locations (other than your principal location) at which you provide educational programs to students whom you wish to participate in federal student financial aid programs.

Section G. Please tell us about your tele/corr courses, your students enrolled under ability-to-benefit provisions, and your incarcerated students.

31. Are any of your programs offered in whole or part by correspondence or telecommunications?

32 a. For the most recently completed award year, were more than 50% of your courses taught by means of correspondence?

Note: If a course is offered through traditional methods and through correspondence, then that course should be counted under other methods and correspondence. Therefore, the same course might be counted more than once.

32 b. For the most recently completed award year, were 50% or more of your regular students enrolled in correspondence courses?

33. During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?

Note: Do not include students who are being educated at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

34. During the most recently completed award year, were 25% or more of your regular students incarcerated?

Section H. Please complete this section if this is an initial application *or* you were certified but you have a change in your ownership *or* structure *or* you are seeking reinstatement.

Check here if this is **not** an initial application or a change in ownership or structure or for reinstatement or for addition of a Title IV program.

Section I. If you are a foreign institution, please complete this section (this includes foreign graduate medical schools).

41. Do you admit as regular students only people who have a credential of secondary school completion or its recognized equivalent?

Yes

42. In the country where you are located, are you legally authorized to provide an educational program beyond the secondary school level?

Yes

If yes, what is the name and address of the agency or ministry within the country that enforces this authority?

Name of office	SECRETARIA DE EDUCACION DEL ESTADO DE PUEBLA
Business address	Av. Jesús Reyes Heróles s/n, Col. Nueva Aurora Puebla, Puebla MEXICO 72070
Telephone number	(5222) 2296907
Fax number	(52222)2487886
E-mail address	

43. Are you legally authorized to award a degree that is equivalent to an associate, baccalaureate, graduate, or professional degree awarded in the United States?

Yes

44. Do you provide an educational program that is at least a two-academic-year program acceptable for full credit toward the equivalent of a baccalaureate degree awarded in the United States?

Yes

45. Do you provide any educational programs that meet all three of these criteria?

- The program is equivalent to at least a one-academic-year training program in the United States.

and

- The program leads to a certificate, degree, or other educational credential that is equivalent to one offered in the United States.

and

- The program prepares students for gainful employment in an occupation that is equivalent to one in the United States.

Yes

46. Do you have administrative offices and/or recruiting offices in the United States that represent you?

Yes

If yes, provide the following information.

US Admin Office Name and Address	Contact Name	Telephone/Fax	E-mail	End Date
UPAEP FOUNDATION 2323 W. 7th Street Suite 2 Stillwater, OK 74074	Mrs. Maria Fabregas	(405) 377-0033 (405) 377-1048	lfabregas@upaep.mx	

Check here if you are a foreign institution **that is a foreign graduate medical school or if you are a university that has a medical school.**

47. Where is the facility at which you provide graduate medical educational program instruction in your country?

Foreign Medical Facility and Address	Contact Name	Telephone Number/Fax Number	E-mail	End Date
Hospital UPAEP 5 Poniente No. 715 Puebla, Puebla MEXICO 72000	Dr. Rodolfo Durán Zenteno.	52-222 2298100 52-222-2298100	dirgralhupaep@yahoo.com.mx	

48. What entity in your country is legally authorized to evaluate the quality of your medical educational program?

Name and Address	Contact Name	Telephone Number/ Fax Number	E-mail	End Date
Mexican Board for the Accreditation of Medical Education (COMAEM) South Peripheral Not 4809 Colony the Arenal Tepepan Delegacion Tlalpan, MEXICO CP 14610	Dr. Octavio Castillo y Lopez	56559011 56558211	gloria@funsalud.org.mx	

49. Are you approved by an entity listed in Question 48 to provide a graduate medical educational program in your country?

Yes

50. What is the length of the program of graduate clinical and medical instruction?

40 months

51. Is any part of your program of graduate clinical instruction provided in the United States?

No

If yes, provide the following information.

Do you provide the remainder of your program of graduate medical instruction in your country?

52. List the dates of graduation and the number of regular students who graduated within the past three 12-month periods.

Date	Date	Date
12/05/2003	05/15/2004	06/10/2005
Graduates	Graduates	Graduates
680	520	647

53. What are the beginning and ending dates of your institution's most recently completed academic year?

Beginning Date

08/16/2004

Ending Date

05/30/2005

54. How many full-time regular students were enrolled during the most recently completed academic year?

6700

55. How many of the regular students in Question 54 were not U.S. citizens or residents eligible for U.S.

federal financial aid programs?

6695

56. During the most recently completed year, how many of your regular students and graduates from the three preceding academic years took any "step" of the examinations administered by the Educational Commission for Foreign Medical Graduates?

(N/A for Canadian schools)

0

How many of these students received passing scores on any "step" of the examinations?

(N/A for Canadian schools)

0

57. Is any part of your program of Veterinary instruction provided in the United States?

No

If yes, provide the following information.

Section J. Please tell us about your third-party servicers, (which includes your Ability to Benefit Testers.)

Check here if you do **not** contract with a third-party or outside servicer.

58. If you contract with any third-party servicer or outside party to perform any function related to federal student financial aid programs, provide the following information about each servicer.

58b. Please identify your Ability To Benefit Tester(s).

ASSET Program

Career Programs Assessment (CPAT)

COMPASS Subtests

Combined English Language Skills Assessment(CELSA)

Computerized Placement Tests (CPTs)/Accuplacer

Descriptive Tests of Language Skills (DTLS)

Wonderlic Basic Skills Test (WBST)

WorkKeys Program

Section K. Please assure us of your administrative capability and your financial responsibility.

59.

Do you have a system of internal checks and balances for administering federal student financial aid that

- meets federal regulations? (See 34 CFR 668.16.)
60. Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)
 61. Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 668.24, 674.19, 675.19, 676.19, and 690.81.)
 62. Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)
 63. Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)
 64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.)
 65. Do you have a policy that meets federal regulations for refunding Title IV funds when a student withdraws from classes? (See 34 CFR 668.22.)
 - 66a. Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23.)
 - 66b. Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)
 67. Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16.)
 68. Do you have a process to insure you obtain the necessary approvals from the Department for expanding or re-establishing your institutional eligibility, (such as changes of ownership resulting in a change of control, excluded changes in ownership, or adding new locations in certain circumstances), and that you notify us within 10 days about other important changes (such as changing your name, address or official)? (See 34 CFR 600.10, 600.20 and 600.21)
 69. Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.
 70. Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.
 71. Reporting of Foreign Gifts, Contracts and Relationships.

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