

Section A. Please answer these general questions.

1. Tell us why you are submitting this application. (You may check more than one box.)

Initial Certification. This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other HEA programs.

Change in institutional ownership or structure. This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.

Recertification. This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's PPA will expire soon.

Designation as an eligible institution. This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than student financial aid programs.

Reinstatement. This is a request to be reinstated to participate in federal student financial aid programs and to be redesignated as an eligible institution for other HEA programs.

Other (specify)

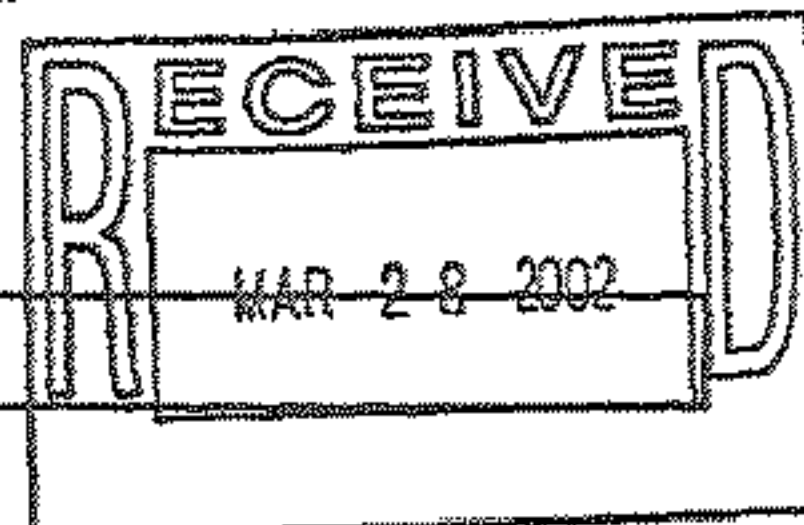
2. What is the name of your institution?

3. Do you have another name that you are legally doing business as?

Yes

No

If yes, what is that name?



Section A

4. During the past four years, have you had another name?

Yes

No

If yes, what was that name?

Check here if you are an institution resulting from a merger in the past four years, and give the names of the former (pre-merger) institutions.

5. What are the first 6 digits of your 8-digit Office of Postsecondary Education Identification (OPE ID) number? (This number might be on your mailing label.) The final 2 digits already are entered for you.

Check here if you are an initial applicant and do not have an OPE ID number, and go to Question 6.

Current OPE ID (or former OPE ID if seeking reinstatement)

Check here if you are an institution resulting from a merger in the past four years, and give the OPE ID numbers of the former (pre-merger) institutions.

6. What is your 9-digit Employer Identification Number (EIN) assigned by the IRS?

Check here if you are an institution resulting from a merger in the past four years, and give the EINs of the former (pre-merger) institutions.

7. What was your most recently completed award year?

Beginning date:

Ending date:

8. What is your current award year?

Beginning date:

7/1/19 ___

Ending date:

6/30/19 ___

9. (Optional) Does your institution have a home page on the Internet?

Yes

No

If yes, list the electronic address.

www.unibe.org

10. Who is your chief executive officer (CEO)/president/chancellor?

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Emma Grace Hernández-Flores

Job title

President

Business street address

200 m. este ICE de Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

Telephone number (including area code)

(506) 297-2242

ext:

137

Fax number (including area code)

(506) 236-0426

ext:

Internet address (if applicable)

unibecr@sol.racsa.co.cr

Section A

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

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Freddy Zúñiga

Job title

Financial Officer

Business street address

200 n. este ICE de Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

Telephone number (including area code)

(506) 297-2242

ext: 126

Fax number (including area code)

(506) 236-0426

ext:

Internet address (if applicable)

e-mail: unibecra@sol.racsa.co.cr

12. Who is your financial aid director?

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

13. To whom do you wish us to send all ongoing correspondence (such as "Dear Colleague" letters) and publications concerning federal student financial aid?

Same person as in Question 10.

Same person as in Question 12.

If neither of these people, complete the information below.

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Section A

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

Same person as in Question 10.

Same person as in Question 12.

Same person as in Question 13.

If none of these people, complete the information below.

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

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

- Check here if you are a foreign institution (including foreign graduate medical schools), and go to Section C.

15. What is your accrediting agency? (Complete a. if you have institution-wide accreditation; complete b. if you do not have institution-wide accreditation.)

- a. If you have institution-wide accreditation, which accrediting agency provides this accreditation? If more than one accrediting agency provides accreditation, designate the one you wish us to use in determining your eligibility and continued eligibility.

Abbreviation of accrediting agency (*A list of abbreviations accompanies this application.*)

Include a copy of your current letter of accreditation.

- What year did your accrediting agency last accredit you?

- For how many years is this accreditation granted?

- b. If you do not have institution-wide accreditation, provide the following information for each accrediting agency that either accredits a program that is currently eligible or for which you are seeking eligibility. (This includes programs such as a hospital-based nursing program or radiologic technology program.)

Abbreviation of accrediting agency (*A list of abbreviations accompanies this application.*)

Include a copy of your current letter of accreditation.

- What year did your accrediting agency last accredit you?

- For how many years is this accreditation granted?

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Section B

16. Check here if you are not a flight school, and go to Question 17.
If you are a flight school, provide your certification number from the U.S. Federal Aviation Administration (FAA).

Number

Date FAA certification expires

17. What state agencies authorize or license you to provide postsecondary educational programs? (For this question, do not include educational programs that are provided at "distance learning" sites.)

- a. Check here if you are a public institution and do not provide at least 50% of an educational program outside your state, and go to Section C.
- b. Check here if you are a public institution and you do provide at least 50% of an educational program outside your state, and list (for each state other than your "home" state) each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- c. Check here if you are a private institution, and list each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- d. Check here if you or your programs are not required to be authorized or licensed by a state agency, and include a copy of the basis for that determination.

Name of agency

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Include a copy of your current state license(s) or other state authorization(s) and/or exemption(s).

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Section C. Please describe your institutional control and structure.

18. Check your type of institutional structure (check one).

Public institution

Private nonprofit 501(c)(3) institution

Include a copy of your 501(c)(3) designation from the IRS.

For-profit institution

Foreign institution (check one)

Public institution

Private nonprofit institution

Include a certified English translation of your nonprofit designation status.

For-profit institution (Note: Foreign graduate medical schools are the only foreign for-profit institutions eligible to apply to participate in federal student financial aid programs.)

Section C

19. Check here if this is a request for initial certification, and go to Question 20.
For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure checked in Question 18 changed?

Yes No

If yes, give the date of the change.

20. Check here if you are a public institution, and go to Section D.

Check here if you are not a public institution, and list the names of your board of trustees or your board of directors.

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, and list only the board's executive committee.

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

21. Who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Ms. Sandra Morales

Job title

Board's secretary

Business street address

200 m. este ICE de Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

Telephone number (including area code)

(506) 297-2242

ext:

142

Fax number (including area code)

(506) 236-0426

ext:

Internet address (if applicable)

e-mail: unibecr@sol.raosa.co.cr

Section D

Section D. If you are a for-profit institution, please answer these questions. (This includes for-profit foreign graduate medical schools.)

Check here if you are not a for-profit institution, and go to Section E.

22. Check the type of ownership you have (check one).

Corporation - publicly traded

Corporation - not publicly traded

Partnership

Proprietorship

Other (specify)

23. If you are a corporation, give the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.

First name, Middle initial, Last name

(Include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

15061 234-0140

ext:

Internet address (if applicable)

Ihernan@costarricense.com

24. Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.

a. The owner or person is (check one):

a corporation

an unincorporated business entity (such as a partnership or trust)

an individual

b. If the owner is a corporation or unincorporated business entity, provide the following information:

Name of corporation or other entity

Asociación Universidad de Iberoamérica-UNIBE

Business street address

200 m. este ICE de Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

Telephone number (including area code)

(506) 297-2242

ext:

Fax number (including area code)

(506) 236-0426

ext:

Internet address (if applicable)

www.unibe.org

Percentage of ownership

Date ownership began

EIN

Section D

List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:

Name of owner

First name, Middle initial, Last name

(Include prefix, such as Mr., Mr., Dr.)

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Percentage of ownership

Date ownership began

SSN of owner (optional)

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

- c. If the owner is an individual (who holds ownership individually, or together with one or more members of his or her family, or in combination with others, such as a voting trust) provide the following information.

Name of owner

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

 ext:

Fax number (including area code)

 ext:

Internet address (if applicable)

Percentage of ownership

Date ownership began

SSN of owner (optional)

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Section D

25. Within the past five years, has a person or entity listed in Question 24 or a director of your institution owned 25% or more of another institution that is now participating in or ever participated in federal student financial aid programs or of a third-party servicer listed in Question 38? The ownership could be:

- individual,
- or
- together with one or more family members,
- or
- in combination with others, such as a voting trust.

Yes

No

If yes, what is the name of the owner (either the name of a person or an entity) or the director?

(If a person, include prefix, such as Mr., Ms., Dr.)

If applicable, what is the name of the third-party servicer that is or was owned?

If applicable, what is the name of the institution that is or was owned?

If applicable, what is the current or former OPE ID of this institution?

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

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.)

Note: Post-baccalaureate students pursuing prerequisite coursework (such as prerequisite courses for medical school) have their eligibility determined on the basis of *student* eligibility for federal student financial aid criteria rather than *program* eligibility criteria. Therefore, these types of programs are not included here.

- a. associate degree programs
- b. bachelor's degree programs *
- c. master's degree programs or doctoral degree programs
- d. first professional degree programs
- e. graduate or professional programs that
- 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.
- f. two-academic-year transfer programs (*see glossary*)
- 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.

* N.B. In Costa Rica the degree awarded is the Licenciado, which is above the bachelors.

Section E

- 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,
 - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction,
- AND
- require an enrolling 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,
 - 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. programs necessary for a professional credential or certification from a state and that are required for employment (for example, a teacher certification program to become a teacher in an elementary or secondary school in that state).

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

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, and go to Question 28.

a. If you checked box e. in Question 26, list the following information for each program.

Name of program

CIP code (A list of CIP codes accompanies this application.)

Number of weeks

Clock hours (number of hours) of instruction

Number of credit hours Type (check one)

 semester credit hours

 trimester credit hours

 quarter credit hours

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

- b. If you checked boxes g. or h. in Question 26, list the following information for each program.

Name of program

CIP code (*A list of CIP codes accompanies this application.*)

Date first provided

Number of weeks

Clock hours (number of hours) of instruction (*This is required information.*)

If you offer the program in credit hours,

Number of credit hours Type (check one)

 semester credit hours

 trimester credit hours

 quarter credit hours

Do you award an equivalent degree (*see glossary*) as determined by the U.S. Secretary of Education to a student who successfully completes this program?

 Yes

 No

Is each course within the program acceptable for full credit toward your associate degree or higher degree or an equivalent degree as determined by the U.S. Secretary of Education if that degree requires at least two academic years of study?

 Yes

 No

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Section E

c. If you checked box i. in Question 26, list the following information for each program.

Name of program

CIP code (A list of CIP codes accompanies this application.)

Date first provided

Number of weeks

Clock hours (number of hours) of instruction

Maximum number of clock hours authorized by the state licensing agency

Completion rate*

Placement rate*

*Provide the completion rate and the placement rate for your most recently completed award year. (Instructions on how to calculate the completion rate are found in 34 CFR 668.8(f). Instructions on how to calculate the placement rate are found in 34 CFR 668.8(g).)

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

28. Do you contract with an organization or ineligible institution to provide more than 25% of any educational program?

Yes

No

If yes, provide the following information.

a. Name of program

Name of organization or ineligible institution

Corporation name, if applicable

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Former OPE ID number of the other institution, if applicable

Include a copy of the approval from your accrediting agency for contracting this program.

- b. Check here if any owner or person listed in Question 24 or Question 25 directly or indirectly
- owns or controls 25% or more of the ineligible institution
 - or
 - serves as a director or is an executive officer of the ineligible institution.

What is the name of this owner or person?

- c. Did the ineligible institution withdraw from participating in federal student financial aid programs under a termination, show cause, suspension, or similar type of proceeding initiated by its state licensing agency, accrediting agency, guarantor, or the U.S. Secretary of Education?

Yes No

- Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Section F. Please tell us about your locations.

29. What is your principal location?

Name of location

UNIBE

Business street address

200 m. este ICE, Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

30. Provide the following information for any of your locations (other than your principal location) that meet any one of these three criteria and at which you provide educational programs to students whom you wish to participate in federal student financial aid programs:

- It is a location where students could complete 50% or more of an educational program that you offer during the current award year.

or

- It is a location where students could complete at least 50% of an educational program over a two-year period (consisting of the current award year and the most recently completed award year).

or

- It is a location where you provide any educational programs if, during the past two-year period (consisting of the current award year and the most recently completed award year), you told students that they could complete at least 50% of any educational programs there.

Name of location

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

OPE ID number of location or if no OPE ID number, check here

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

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

31. For the most recently completed award year, were more than 50% of your courses taught by means of telecommunications and/or correspondence (tele/corr)?

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

Yes

No

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

Yes

No

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).

Yes

No

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

Yes

No

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, and go to Section I.

Note: Here "change in ownership or structure" refers to a change in ownership, conversion to a nonprofit institution, or a merger of two or more institutions.

If you acquired the institution or if the institution is the result of a merger of two or more former institutions, you will be liable for any debts incurred by your predecessors under federal student financial aid programs.

35. Tell us why you are completing this section.

- This is an initial application and you are a new institution *without* a prior history. Answer Questions 36, 37, and 38, then go to Section I. In addition, you must include a default management plan. (Your default management plan may be Appendix D of 34 CFR Part 668.)

- This is an initial application and you are a new institution *with* a prior history (for example, you have been in operation for one or two years). Answer all the questions in this section. In addition, you must include a copy of your audited financial statements for your most recently completed fiscal year (or for your two most recently completed fiscal years if you have been in operation for two years or more) and a default management plan. (Your default management plan may be Appendix D of 34 CFR Part 668.)

If you are a for-profit institution or if you offer a program of less than one academic year, tell us on what date you were both legally authorized to provide and began continuously providing the education or training program(s) for which you are seeking eligibility.

Month, day, year

10 / 09 / 95

Note: You must have been in existence for at least two years to be eligible to participate in federal student financial aid programs.

- You are an institution with a change in your ownership. Answer Questions 36, 37, and 38, then go to Section I. In addition, you must include a copy of your audited financial statements for your two most recently completed fiscal years, an audited balance sheet showing the financial condition of the institution at the time of the change, and a default management plan. (Your default management plan may be Appendix D of 34 CFR Part 668.)

- You are an institution that converted to a nonprofit institution. Answer Questions 36, 37, and 38, then go to Section I. In addition, you must include a copy of your audited financial statements for your two most recently completed fiscal years, an audited balance sheet showing the financial condition of the institution at the time of the conversion, and a default management plan. (Your default management plan may be Appendix D of 34 CFR Part 668.)
- You are an institution resulting from a merger in the past four years. Answer Questions 36, 37, and 38 about the newly formed institution, then go to Section I. In addition, you must include a copy of your audited financial statements for each pre-merger institution for the two most recently completed fiscal years, an audited balance sheet for each pre-merger institution showing its financial condition at the time of the merger, and a default management plan. (Your default management plan may be Appendix D of 34 CFR Part 668.)
- You are an institution seeking reinstatement. Answer all the questions in this section. In addition, you must include a copy of your audited financial statements for your two most recently completed fiscal years and a default management plan. (Your default management plan may be Appendix D of 34 CFR Part 668.)

36. How many full-time equivalent (FTE) financial aid staff members do you have?
Administrative, counselors, or other professionals

Seven FTE

Clerical

FTE

37. Indicate all of the federal student financial aid programs in which you are seeking approval to participate. (Note: Foreign institutions, including foreign graduate medical schools, may apply only for the Federal Family Education Loan [FFEL] Program.)

- Federal Pell Grant Program
- Federal Perkins Loan Program
- Federal Supplemental Educational Opportunity Grant (FSEOG) Program

Federal Work-Study (FWS) Program

Indicate specific programs within FWS for which you are seeking approval to participate.

- Federal Work-Study—regular or general
- Job Location and Development (JLD) Program
- Private-Sector Employment

Section H

Federal Family Education Loan (FFEL) Program
(formerly called the Guaranteed Student Loan Program)

Indicate specific programs within FFEL for which you are seeking approval to participate.

- Federal Stafford Loan Program (subsidized and unsubsidized)
- Federal PLUS Loan Program (parent loans)

William D. Ford Federal Direct Loan Program (Direct Loan Program)

Indicate specific programs within the Direct Loan Program for which you are seeking approval to participate.

- Federal Direct Loan Program (subsidized and unsubsidized)
- Federal Direct PLUS Loan Program (parent loans)

38. Do you anticipate an increase of 10% or more in your student body in the next award year?

- Yes No

If yes, how many regular students do you estimate would be eligible to receive federal student financial aid for the remainder of the current award year and each of the next two award years if you become eligible to participate in federal student financial aid programs?

- Estimated number for the remainder of the current award year
- Estimated number for the next award year
- Estimated number for the award year following the next award year

39. Provide the following information about your regular students. (If a student drops out and then reenrolls, count the student each time.)

a. How many regular students were enrolled at your institution during your most recently completed award year?

b. How many regular students in a. dropped out during the 100% refund period during your most recently completed award year?

c. How many regular students in a. dropped out after the 100% refund period during your most recently completed award year?

40. If you provide vocational programs of less than one academic year, list all such educational programs (not classes):

- and*
- that you have provided continuously for at least 24 months
 - for which you would like regular students to be eligible for federal student financial aid.

Name of program

Check here if you need space to give more answers and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

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

Check here if you are not a foreign institution, and go to Section J.

Note: If you are a foreign institution, you must include a copy of your most recent catalog and a certified English translation (see glossary) of all sections dealing with degrees and programs provided at your institution.

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

Yes

No

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

Yes

No

Include a copy of your legal authorization and its certified English translation.

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

No

Include a copy of your legal authorization and its certified English translation.

Section I

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 No

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 No

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

Yes No

If yes, provide the following information.

Name of office

Business street address

City

State and zip+4

Telephone number (including area code)

 ext:

Fax number (including area code)

 ext:

Internet address (if applicable)

Name of contact person at the office:

First name, Middle initial, Last name

(Include prefix, such as Mr., Ms., Dr.)

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Check here if you are a foreign institution that is not a foreign graduate medical school, and go to Section J.

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

Name of facility

Address

City

Country

Telephone number (including area code)

 ext:

Fax number (including area code)

 ext:

Internet address (if applicable)

Name of contact person at the facility:

First name, Middle initial, Last name

(Include prefix, such as Mr., Ms., Dr.)

Section I

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

Name of entity

CONESUP

Address

100 m. este de la Iglesia del Carmen, San José Centro

City

San José

Country

Costa Rica

Telephone number (including area code)

(506) 233-9050 ext:

Fax number (including area code)

(506) 233-6118 ext:

Internet address (if applicable)

Name of contact person at the entity:

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Mr. Luis Román

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

49. Are you approved by the entity (or entities) listed in Question 48 to provide a graduate medical educational program in your country?

Yes No

Include a copy of each approval and its certified English translation.

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

52 months

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

Yes No

If yes, provide the following information.

a. Name of facility

Business street address

City

State and zip+4

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Name of contact person at the facility:

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

b. Part of program offered:

Classroom

Clinical

Other (specify)

Section I

c. What medical licensing boards and evaluating bodies in the United States currently approve this part of your medical program?

d. If a clinical program is offered, was it approved by the appropriate state within the U.S. as of January 1, 1992?

Yes No

Include a copy of the approval.

If yes, is it currently approved by the state?

Yes No

Include a copy of the approval.

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

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

Dates	Dates	Dates
1-12-00	7-7-01	23-11-01
Graduates	Graduates	Graduates
16	33	13

Check here if you need space to give more answers and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

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

Beginning date

Ending date

54. How many full-time regular students were enrolled during the most recently completed academic year?
- 828
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?
-
56. During the most recently completed academic 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?
- 1
57. How many of the students in Question 56 received passing scores on any "step" of the examinations?
- 1

Section J. Please tell us about your third-party servicers.

- Check here if you do not contract with a third-party or outside servicer, and go to Section K.

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

Note: Do not list independent auditors. Also do not list vendors that provide books, forms, or computer programs (in other words, do not list vendors unless they actually perform services or functions for you).

Name of servicer's contact person

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Section J

Company name

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Indicate the service provided:

- Performing needs analysis
- Authorizing financial aid
- Disbursing financial aid
- Performing loan servicing
- Counseling/providing information for students
- Performing loan collection
- Preparing/maintaining student aid transcripts
- Other (specify)

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

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

Note: To expand on any of your answers, use Question 69.

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.)

Yes

60. Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)

Yes

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, 674.19, 675.19, 676.19, and 690.81.)

Yes

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.)

Yes

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.)

Yes

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.)

Yes

65. Do you have a policy that meets federal regulations for refunding tuition when a student withdraws from classes? (See 34 CFR 668.22.)

Yes

66. 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 668.15.)

Yes

Check here if you need additional space and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

70. (Optional) 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.

First name, Middle initial, Last name

(Include prefix, such as Mr., Ms., Dr.)

Job title

Company name

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Section L

Section L. Please have the appropriate person in authority review, sign, and date this document.

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor

Date

Name of institution

Name of President/CEO/Chancellor

Check here if this is the same person as in Question 10. If not, complete the information below.

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

 ext:

Fax number (including area code)

 ext:

Internet address (if applicable)

Section M. Please include copies of appropriate documents as part of your application.

Indicate all copies of documents you are including with this application.

- Current letter of accreditation (See Question 15)
- Valid state license or other state authorization (See Question 17)
- For private nonprofit institutions—501(c)(3) designation from the IRS (See Question 18)
- If your institution contracts with an organization or ineligible institution to provide more than 25% of any educational program—a copy of the approval from your accrediting agency for contracting this program (See Question 28)

For initial applicants (See Question 35)

- Audited financial statements for the (two) most recently completed fiscal year(s)
- The default management plan set forth in Appendix D of 34 CFR Part 668
(check this box, but do not include the plan)
- or
- A default management plan other than Appendix D of 34 CFR Part 668

For institutions with a change in ownership or structure (See Question 35)

- Audited financial statements for the two most recently completed fiscal years
- An audited balance sheet showing the financial condition of the institution at the time of the change
- or
- The default management plan set forth in Appendix D of 34 CFR Part 668
(check this box, but do not include the plan)
- A default management plan other than Appendix D of 34 CFR Part 668

For institutions seeking reinstatement (See Question 35)

- Audited financial statements for the two most recently completed fiscal years
- The default management plan set forth in Appendix D of 34 CFR Part 668
(check this box, but do not include the plan)
- or
- A default management plan other than Appendix D of 34 CFR Part 668

For foreign institutions, including foreign graduate medical schools

- For private nonprofit institutions—a certified English translation of nonprofit designation status (See Question 18)
- Most recent catalog and its certified English translation of all sections dealing with degrees and programs provided at your institution (See Section I)

- Legal authorization and its certified English translation to provide an educational program beyond the secondary school level in the country where you are located (See Question 42)
- Legal authorization and its certified English translation to award a degree that is equivalent to a degree awarded in the United States (See Question 43)
- Legal authorization and its certified English translation to provide graduate medical education (See Question 49)

**END
OF
APPLICATION**

Application is being reviewed by ED. Data will not be updated.

Section L (page 1 of 1) Help OPE ID: 03653400 School Name: Universidad De Iberoamerica - UNIBE

Your Initial Certification application has been submitted.

200 M. Este Ice de Tibas, San José
San Jose, Costa Rica

Section L. Please have the appropriate person in authority review, sign, and date this document.

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor



Date

03/10/2002 (mm/dd/yyyy format)

Name of institution

Universidad De Iberoamerica - UNIBE

Name of President/CEO/Chancellor

Check here if this is the same person as in Question 10 (Ms Emma G. Hernández F.). If not, complete the information below.

Prefix	First name	MI	Last name	Suffix
Dean	Israel		Hernández	

Job title

Rector

Business street address

200 M. Este Ice, Tibás

City

San José

State Zip Zip+4

-

Foreign Province	Country	Postal Code
San José	COSTA RICA	11870-1000

Telephone number (including area code)

(508) 297 - 2242 ext: 137

Fax number (including area code)

(508) 236 - 0426 ext:

Foreign phone

(508) 297-2242

Foreign fax

(508) 236-0426

E-mail address (if applicable)

www.unibecr@sol.racsa.co.cr

If you did NOT make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

You must click the "OK/Save Data" button to save your changes.

Please select one of the following 3 actions:

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page. (Note: These errors must be corrected before you submit the application.)
- Check here if you do not want to update your data or start an application. (Use this option if all you wish to do is review your data.)

Where do you want to go next?

- Redisplay this page
- Continue to Section M
- Go to Section
- Return to Index
- Submit the Application.

(After you finish making all of the changes to your application, you MUST submit it to ED.)

or

Click here to [display your entire application](#) to print and keep it for your records.

Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
 Appl Sys Id: 133381
 Entered by Education:

Section A

1.Purpose: 02 Initial Certification

Preacquisition Review Requested:

2.School Name: Universidad De Iberoamerica - UNIBE

3.Trade Name:

4.Former Name:

5.Merger: OPEID School Name

6a.TIN:

6b.DUNS: 853527372

7.Recent Award Begin Date: 07/01/2000

Recent Award End Date: 06/30/2001

8.Current Award Begin Date: 07/01/2001

Current Award End Date: 06/30/2002

9.E-mail Address: www.unibe.org

10 - 14, 20 - 21, 70, L - School Officials :

Name:	Last Update	End Date	Signature	Contact	Colleague	Agent
Dean Israel Hernandez, M.	05/22/2002		Y	Y	Y	N
Joined User:	036534					
Address:	School's Title		PEPS Title			
200 m. este ICE de Tibas San Jose San Jose Costa Rica, 11870-1000	President		Financial Aid Administrator Member of the Board			
Phone: (506) 297-2242 x137(506) 297-2242	Rector		President/Chancellor/CEO			
Fax: (506) 236-0426(506) 236-0426						
E-mail: www.unibecr@sol.racsa.co.cr						

Name:	Last Update	End Date	Signature	Contact	Colleague	Agent
Mr Freddy Zu?iga	05/22/2002		N	N	N	N
Joined User:	036534					
Address:	School's Title		PEPS Title			
200 m. este ICE de Tibas San Jose San Jose Costa Rica, 11870-1000	Financial Officer		Chief Financial Officer			
Phone: (506) 297-2242 x137(506) 297-2242						
Fax: (506) 236-0426(506) 236-0426						
E-mail: unibecr@sol.racsa.co.cr						

Report Date: 01/10/2008

E-App Reviewer Area
Audit Trail Detail Report

OPEID: 036534 00

Appl Sys Id: 133381

Entered by Education:

Name: Dr Israel Hernandez	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined into: Dean Israel Hernandez, M.	07/09/2004	07/09/2004	N	N	N	N
Joined User: EPJBUNTE	EPJBUNTE					
Address:	<u>School's Title</u>			<u>PEPS Title</u>		
Phone:				Member of the Board		
Fax:						
E-mail:						

Name: Dr Adriana Lacle	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:	03/05/2002		N	N	N	N
Address:	036534					
Phone:	<u>School's Title</u>			<u>PEPS Title</u>		
Fax:				Member of the Board		
E-mail:						

Name: Dean Edgar Izquierdo	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:	03/05/2002		N	N	N	N
Address:	036534					
Phone:	<u>School's Title</u>			<u>PEPS Title</u>		
Fax:				Member of the Board		
E-mail:						

Name: Dean Pio Miranda	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:	03/05/2002		N	N	N	N
Address:	036534					
Phone:	<u>School's Title</u>			<u>PEPS Title</u>		
Fax:				Member of the Board		
E-mail:						

Name: Dean Roberto Rodriguez	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:	03/05/2002		N	N	N	N
Address:	036534					
Phone:	<u>School's Title</u>			<u>PEPS Title</u>		
Fax:				Member of the Board		
E-mail:						

Name: Ms Roxana Arguedas	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:	03/05/2002		N	N	N	N
Address:	036534					
Phone:	<u>School's Title</u>			<u>PEPS Title</u>		
Fax:				Member of the Board		
E-mail:						

Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
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 Entered by Education:

Name:	Dr	Juan I. Padilla	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:			03/05/2002		N	N	N	N
Address:			036534					
Phone:			<u>School's Title</u>		<u>PEPS Title</u>			
Fax:					Member of the Board			
E-mail:								

Name:	Dr	Eduardo Arguedas	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:			03/05/2002		N	N	N	N
Address:			036534					
Phone:			<u>School's Title</u>		<u>PEPS Title</u>			
Fax:					Member of the Board			
E-mail:								

Name:	Dr	Carlos A. Mora	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:			03/05/2002		N	N	N	N
Address:			036534					
Phone:			<u>School's Title</u>		<u>PEPS Title</u>			
Fax:					Member of the Board			
E-mail:								

Name:	Ms	Sandra Morales	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:			05/22/2002		N	N	N	N
Address:		200 m. este ICE de Tibas San Jose San Jose Costa Rica, 11870-1000	036534					
Phone:		(506) 297-2242	<u>School's Title</u>		<u>PEPS Title</u>			
Fax:		x142(506)297-2242	Board's secretary		Boards Recording Secretary			
E-mail:		(506) 236-0426(506)236-0426						
		unibecr@sol.racsa.co.cr						

Name:	Ms	Emma G. Hernandez, F.	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:			05/22/2002		N	N	N	N
Address:		200 este del ICE de Tibas San Jose San Jose Costa Rica, 11870-1000	036534					
Phone:		(506) 297-2242	<u>School's Title</u>		<u>PEPS Title</u>			
Fax:		x137(506)297-2242	Directora Consejo Academico		Financial Aid Administrator			
E-mail:		(506) 236-0426(506)2360426						
		unibecr@racsa.co.cr						

Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
 Appl Sys Id: 133381
 Entered by Education:

Section B

15. Accreditation:

<u>End Date/</u> <u>Approved</u>	<u>Last Updt</u> <u>Date/User</u>	<u>Agency</u> <u>Name</u>	<u>Type</u>	<u>Designation</u>	<u>Last Accred</u> <u>Year</u>	<u>Number</u> <u>Years</u>
-------------------------------------	--------------------------------------	------------------------------	-------------	--------------------	-----------------------------------	-------------------------------

15. FAA Certification:

Number:

Expiration Date:

17. State Authorization:

<u>Eff. Date/</u> <u>Approval</u>	<u>Last Updt</u> <u>Date/User</u>	<u>End Date/</u> <u>End Reason</u>	<u>Name/Address</u>	<u>Phone/Fax</u>	<u>E-mail</u>
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Section C

18. School Type: Foreign Private

19. Type Change Date:

Report Date: 01/10/2008

E-App Reviewer Area
Audit Trail Detail Report
OPEID: 036534 00
Appl Sys Id: 133381
Entered by Education:

Section D

22.Owner Type: Proprietorship

23,24.Owners:

<u>Name/Address</u>	<u>Owner Level/%</u>	<u>Start Date / End Date</u>	<u>TIN</u>	<u>Last Updt Date/user</u>	<u>Owner Type/Stock Symbol/ Incorporation State/ Country</u>
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Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
 Appl Sys Id: 133381
 Entered by Education:

<u>Name/Address</u>	<u>Owner Level/%</u>	<u>Start Date / End Date</u>	<u>TIN</u>	<u>Last Updt Date/user</u>	<u>Owner Type/Stock Symbol/ Incorporation State/ Country</u>
Owner Person: Mr Israel Hernandez, M. 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 10%	02/14/1994		03/22/2002 036534	
Owner Person: Ms Emma G. Hernandez, F. 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 20%	02/14/1994		03/22/2002 036534	
Owner Person: Mr Fabio Hernandez, F. 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 10%	02/14/1994		03/22/2002 036534	

Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
 Appl Sys Id: 133381
 Entered by Education:

<u>Name/Address</u>	<u>Owner Level/%</u>	<u>Start Date / End Date</u>	<u>TIN</u>	<u>Last Updt Date/user</u>	<u>Owner Type/Stock Symbol/ Incorporation State/ Country</u>
Owner Person: Ms Imelda Flores 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 10%	02/14/1994		03/22/2002 036534	
Owner Person: Ms Sofia Hernandez 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 10%	02/14/1994		03/22/2002 036534	
Owner Person: Ms Debora Chacon 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 10%	02/14/1994		03/22/2002 036534	

Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
 Appl Sys Id: 133381
 Entered by Education:

<u>Name/Address</u>	<u>Owner Level/%</u>	<u>Start Date / End Date</u>	<u>TIN</u>	<u>Last Updt Date/user</u>	<u>Owner Type/Stock Symbol/ Incorporation State/ Country</u>
Owner Person: Ms Elaine Bravo 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 10%	02/14/1994		03/22/2002 036534	

Owner Person: Ms Hazel Brenes 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 10%	02/14/1994		03/22/2002 036534	
--	----------	------------	--	----------------------	--

Owner Person: Mr Erick Ortega 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000 Phone: (506) 297-2242 x137(50 Fax: (506) 236-0426(506) 23 E-mail: www.unibecr@sol.racsa.co.cr	1 10%	02/14/1994		03/22/2002 036534	
--	----------	------------	--	----------------------	--

25.Other Entities Owned:

<u>Owner Name</u>	<u>OPE ID</u>	<u>School Name</u>	<u>Servicer</u>	<u>End Date</u>	<u>Liability Owed</u>
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Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
 Appl Sys Id: 133381
 Entered by Education:

26.Educational Programs:

Section E

- N a.Associate's Degree
- Y b.Bachelor's Degree
- Y c.Master's Degree or Doctor's Degree
- N d.First professional Degree
- Direct Assessment
- N e.Graduate Short Term
- N f.2 Year Transfer Program
- N g.600+ Clock Hours
- N h.Undergrad Previous Degree Required
- N i.300-599 Clock Hours
- N j.Professional Certification

Academic Calendar: Trimester Hours

Program Length: Master's Degree or Doctor's Degree
 N 600-899 Clock Hours
 N One Year (N/D)
 N Two Years (N/D)
 N Three Plus years (N/D)

27.Vocational Programs:

28.Contract with Ineligible Institution:

<u>End Date</u>	<u>Last Updt Date/User</u>	<u>Program Name</u>	<u>OPE ID</u>	<u>School Name/ Corporation Name/ Address</u>	<u>Owner Name</u>	<u>Withdraw Ind./ % Contracted</u>	<u>Out</u>
-----------------	----------------------------	---------------------	---------------	---	-------------------	------------------------------------	------------

Section F

29 - 30.Locations:

<u>OPE ID/ DUNS</u>	<u>School Name/Address/ Other Address</u>	<u>Recommend.</u>	<u>Disapprove Date/Reason</u>	<u>Branch Date/Ind</u>	<u>End Date</u>	<u>Last Updt Date/User</u>
03653400	Universidad De	Approve				07/09/2004
853527372	Iberoamerica - UNIBE 200 M. Este Ice de Tibas, San Jose San Jose San Jose Costa Rica, 11870-1000					EPJBUNTE

Mailing Address:

Section G

Recently Completed Award Year: 2001

- 31. Are any of your programs offered in whole or part by correspondence or telecommunications.
- 32 a. N More than 50% of courses taught by correspondence.
- 32 b. N 50% or more of regular students enrolled in correspondence courses.
- 33. N More than 50% of regular students ability-to-benefit students.
- 34. N More than 25% of regular students incarcerated.

Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
 Appl Sys Id: 133381
 Entered by Education:

Section H

36.FTE Financial Aid Staff:

Award Year: 2002
 Professional Staff: 7
 Clerical Staff: 2

37.SFAP Programs: Federal Stafford Loan Program
 Federal Stafford Unsubsidized
 Federal Parental Loans for Undergraduate Students

38.-39.Enrollment:

Current Year: 20
 Next Year: 40
 Third Year: 60
 Total Enroll.: 1109

Withdrawals at 100% Refund: 57

Withdrawals <100% Refund: 3

Section I

41.Secondary School Completion Credential: Y

42.Authorized to Provide Post-secondary Education: Y

43.Offers Degree Equivalent to US Degree: Y

44.Two Year Program: Y

45.One Year Non Degree Program: Y

46. US Admin Office:

Medical School: Y Vet School: N

47.Foreign Instructional Location:

Name of Facility: Hospital Mexico
 200 m. sur Puente Juan Pablo II,
 La Uruca
 Address: San Jose
 San Jose
 Costa Rica, 11871- 1002
 Phone: (506)232-6122
 Fax: (506)296-3226
 E-mail Address:
 Contact Name: Mr. Luis Roman Hernandez

Name of Facility: Asociacion Univesidad de
 Iberoamerica -UNIBE
 200 M. Este Ice de Tibas, San
 Jose
 Address: San Jose
 San Jose
 Costa Rica, 11870-1000
 Phone: (506) 297-2242
 Fax: (506) 236-0426
 E-mail Address: www.unibecr@sol.racsa.co.cr
 Contact Name: Ms Emma Grace Hernandez Flores

Report Date: 01/10/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 036534 00
 Appl Sys Id: 133381
 Entered by Education:

48. Non-US Medical Evaluation Agency:

Name: Costa Rica: Consejo Nacional de
 Enseñanza Superior
 Universitaria Privada

Address: San Jose
 Costa Rica, Apdo 10087-100

Phone: 506 233 9050

Fax: 505 231 1827

E-mail Address:

Contact Name: Mr. Donald Jimenez Cascante, Secretario
 General

49. Approved for Grad. Med. Ed. in your Country: Y

50. Total Clinical/Medical Instruction Months: 52

51. US Clinical/Medical Location:

52. Graduation Dates/Totals:	<u>Graduation Date</u>	<u>Number Of Graduates</u>
Most Recent Year:	12/01/1999	16
Previous Year:	07/07/2000	33
Third Year:	11/23/2001	13

Most Recent Academic Year

53. Start Date: 09/03/2000
 End Date: 08/03/2001

54. Total Enrolled: 828

55. Total Non-US Citizens/Residents Enrolled: 828

56. Students Taking any Step of ECFMG Exam: 1

57. Students Passing any Step of ECFMG Exam: 1

Section J

58. Third-Party Servicers:

<u>Recommend.</u>	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Last Updt Date/User</u>	<u>Contact Person/ Job Title</u>	<u>Company Name/ Address/Phone/Fax/E-mail</u>
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Section K

- 59. 34 CFR 668.15: Y
- 60. 34 CFR 668.15: Y
- 61. Periodic Fiscal Reconcil: Y
- 62. 34 CFR 668.15: Y
- 63. 34 CFR 668.15: Y
- 64. 34 CFR 668.163: N
- 65. 34 CFR 668.22: Y
- 66a. 34 CFR 668.15: Y
- 66b. 34 CFR 668.23: Y
- 67. Use Electronic Process: Y
- 68. Change Notification Process: Y

Report Date: 01/10/2008

E-App Reviewer Area
Audit Trail Detail Report

OPEID: 036534 00

Appl Sys Id: 133381

Entered by Education:

69.Application Comments:

<u>Section Number</u>	<u>Question Changed</u>	<u>Change Date</u>
A	06b	03/18/2002
A	09	03/05/2002
A	10	05/22/2002
A	11	05/22/2002
A	12	05/22/2002
A	13	03/05/2002
A	14	03/05/2002
C	18	11/05/2002
C	20	03/05/2002
C	21	05/22/2002
E	26	05/22/2002
F	29	03/15/2002
G	31	03/05/2002
G	32	03/05/2002
G	33	03/05/2002
G	34	03/05/2002
H	35	11/15/2002
H	36	11/15/2002
H	37	11/15/2002
H	38	03/05/2002
H	39a	03/05/2002
H	39b	03/05/2002
H	39c	03/05/2002
I	41	03/05/2002
I	42	03/05/2002
I	43	05/22/2002
I	44	03/05/2002
I	45	05/22/2002
I	46	03/05/2002
I	47	11/05/2002
I	48	05/22/2002
I	49	05/22/2002
I	51	05/22/2002
I	52	05/22/2002
I	53	05/22/2002
I	54	05/22/2002
I	55	11/05/2002
I	56	05/22/2002
I	57	05/22/2002
K	59	03/10/2002
K	60	03/10/2002
K	61	03/10/2002
K	62	03/10/2002
K	63	03/10/2002
K	64	12/04/2002
K	65	03/10/2002
K	66a	03/10/2002
K	66b	12/04/2002
K	67	03/10/2002
K	68	03/10/2002
K	69	11/05/2002
L	L	03/10/2002

71.Foreign Gift:

Report Date: 01/10/2008

E-App Reviewer Area
Audit Trail Detail Report
OPEID: 036534 00
Appl Sys Id: 133381
Entered by Education:

<u>Gift Type</u>	<u>Received Date</u>	<u>Foreign Amount</u>	<u>Giver Name</u>	<u>Country Name</u>	<u>Contract Start Date</u>	<u>Contract End Date</u>
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Section M

Default Management Plan:

A default management plan recommended by the Secretary.

MINISTERIO DE EDUCACIÓN PÚBLICA
CONSEJO NACIONAL DE ENSEÑANZA SUPERIOR UNIVERSITARIA PRIVADA
SECRETARÍA TÉCNICA
San José, Costa Rica

En el ejercicio de las facultades que al efecto confiere el numeral 65.1 de la Ley General de la Administración Pública, N° 6227/78, el numeral 1 de la Ley del Consejo Nacional de Enseñanza Superior Universitaria Privada, N° 6693 del 27 de noviembre de 1981, y el numeral 2 del Reglamento General del Consejo Nacional de Enseñanza Superior Universitaria Privada, N° 29631-MEP del 13 de julio del 2001.

CERTIFICA.

Que revisado el Libro de Actas de Graduación de la *Universidad de Iberoamérica* que custodia ésta Secretaría Técnica, aparecen tres Graduaciones de Licenciatura en la Carrera de Medicina y Cirugía, de la siguiente forma:

- a) Primera Graduación, títulos emitidos por la Universidad en fechas diecisiete de diciembre y veinticuatro de setiembre ambas de mil novecientos noventa y nueve e inscritos ante el CONESUP en fecha veintidós de marzo del dos mil. //
- b) Segunda Graduación, títulos emitidos por la Universidad en fecha primero de julio del dos mil uno e inscritos por el CONESUP en fecha veinte de junio del dos mil uno. //
- c) Tercera Graduación, títulos emitidos por la Universidad en fecha veintitrés de octubre del dos mil uno e inscritos ante el CONESUP en fecha trece de noviembre del dos mil uno. ES TODO. //

Se extiende la presente certificación para asuntos varios a solicitud del señor Dr. Israel Hernández Morales, Rector de la Universidad de Iberoamérica a las ocho horas con cuarenta y cinco minutos del once de noviembre. del dos mil uno. //


LIC. LUIS ROMÁN HERNÁNDEZ.
DIRECTOR EJECUTIVO



c.c. Expediente

C-28-95-CONESUP

MINISTERIO DE EDUCACION PUBLICA
CONSEJO NACIONAL DE ENSEÑANZA SUPERIOR UNIVERSITARIA PRIVADA

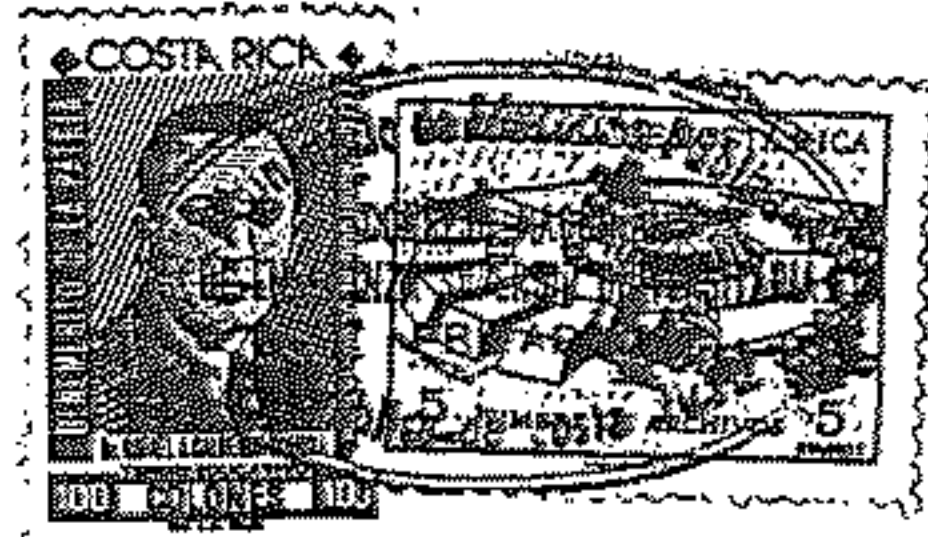
DANILO GONZALEZ RAMIREZ

SECRETARIO GENERAL ADJUNTO

C E R T I F I C A :

que mediante acuerdo del artículo cuarto de la sesión número doscientos cincuenta y seis-noventa y cinco, celebrada por este Consejo el día veintitrés de enero de mil novecientos noventa y cinco se acordó autorizar la creación y el funcionamiento de la Universidad de Iberoamérica (UNIBE).- *****
***** ULTIMA LINEA *****
ES TODO.-. Extiendo la presente certificación a solicitud de la señora Emma Grace Hernández F. a las doce horas del día diecisiete de marzo de mil novecientos noventa y cinco.- Se agragan y se cancelan los timbres de Ley.- *****

*NULO SIN EL
SELLO BLANCO
DEL CONESUP*





INGRID GOLCHER COTO
TRADUCTORA E INTERPRETE OFICIAL
ESPAÑOL - ESPAÑOL - INGLÉS
ACUERDO 012-98-DJ
COSTA RICA

OFFICIAL TRANSLATION

I, Ingrid Golcher Coto, Official Translator of the Ministry of Foreign Affairs and Worship of the Republic of Costa Rica, named by Agreement # 012-98-DJ of November sixteenth, nineteen hundred and ninety eight, published in La Gaceta #01 of January fourth, nineteen hundred and ninety nine, hereby CERTIFY that the document Ministerio de Educación Pública to be translated from Spanish into English reads as follows:-----

-----MINISTERIO DE EDUCACIÓN PÚBLICA-----

----- (PUBLIC EDUCATION MINISTRY) -----

-----CONSEJO NACIONAL DE ENSEÑANZA SUPERIOR UNIVERSITARIA PRIVADA-----

----- (NATIONAL COUNCIL OF PRIVATE UNIVERSITY HIGHER EDUCATION) -----

-----SECRETARÍA TÉCNICA-----

----- (TECHNICAL SECRETARIAT) -----

-----San Jose, Costa Rica-----

In the exercise of its faculties that to the effect are conferred by the number 6.5.1 of the Ley General de la Administración Pública (General Law of Public Administration), #6227/78, the number 1 of the Ley del Consejo Nacional de Enseñanza Superior Universitaria Privada (Law of the National Council of Private University Higher Education), #6693 of November 27th, 1981, and the number 2 of the Reglamento General del Consejo Nacional de Enseñanza Superior Universitaria Privada (General Rules of the National Council of Private University Higher Education) #29631-MEP of July 13th, 2001.-----

-----CERTIFIES-----

That revised the Graduation Minutes Book of the *Universidad de Iberoamérica* that this Secretaría Técnica (Technical Secretariat) has in custody, there are three Licenciante Graduations in the Program of Medicine and Surgery, as follows:-----



INGRID GOLCHER COTO
 TRADUCTORA E INTERPRETE OFICIAL
 ESPAÑOL - ESPAÑOL - INGLÉS
 ACUERDO 012-98-DJ
 COSTA RICA

a) First Graduation, diplomas issued by the University on the date December seventeenth and September twenty fourth both of nineteen hundred and ninety nine, and registered before the CONESUP on the date March twenty second, twenty hundred.

MINISTERIO DE EDUCACIÓN
 COSTA RICA

b) Second Graduation, diplomas issued by the University on the date July first, twenty hundred one and registered by the CONESUP on the date June twenty first, twenty hundred and one.

MINISTERIO DE EDUCACIÓN
 COSTA RICA

c) Third Graduation, diplomas issued by the University on the date October twenty third, twenty hundred one and registered before the CONESUP on the date November thirteenth, twenty hundred and one. THAT IS ALL.

This certification is issued for several matters upon request of Dr. Israel Hernández Morales, Provost of the Universidad de Iberoamérica at the eight hours with forty five minutes on November eleventh, twenty hundred and one.

[Handwritten signature]

(SEAL)

Consejo Nacional de Enseñanza Superior

UNIVERSITARIA PRIVADA

(National Council of Private University Higher Education)

SECRETARÍA TÉCNICA

(ILLEGIBLE SIGNATURE)

(TECHNICAL SECRETARIAT)

Lic. Luis Román Hernández

CONESUP

Executive Director

Ministerio de Educación Pública

c.c. File

(Ministry of Public Education)

LAST LINE

In witness whereof I extend this official translation from Spanish into English, consisting of two pages, and I sign in San Jose on December fifteenth, twenty hundred and one. Lawful stamps are added and cancelled.



[Handwritten signature]
 INGRID GOLCHER COTO
 TRADUCTORA E INTERPRETE OFICIAL
 INGLÉS - ESPAÑOL - ESPAÑOL - INGLÉS
 ACUERDO 012-98-DJ
 COSTA RICA

REPUBLICA DE COSTA RICA

MINISTERIO DE RELACIONES EXTERIORES Y CULTO

La firma que antecede del señor

Ingrid Golcher Coto
Traductora Oficial

ES AUTENTICA

19 DIC. 2001

San José,

Esta autenticación no implica responsabilidad en cuanto
al contenido del documento.



[Signature]
Hannia Porras García
Oficial de Autenticaciones



OF COSTA RICA
ANCE AND CITY OF SAN JOSE }
BASSY OF THE UNITED STATES } SS
OF AMERICA }

I, MATTHEW SHIELDS Consul of
The United States of America at San Jose, duly
commissioned and qualified, do hereby certify that
HANNIA PORRAS GARCIA
whose true signature and official seal are, respecti-
vely, subscribed and affixed to the foregoing
documents, was on the 19TH
day of DECEMBER 2001
the date thereof, OFFICER OF AUTH.
MINISTRY OF FOREIGN AFFAIRS
San Jose, Republic of Costa Rica,
duly commissioned and qualified, to whose
official acts faith and credit are due.
IN WITNESS WHEREOF I have hereunto set my
hand and affixed the seal of the Embassy at
San Jose, Costa Rica This 21 day of DEC. 2001

[Signature]
MATTHEW SHIELDS

CONSUL OF THE UNITED STATES OF AMERICA
SAN JOSE, COSTA RICA



INGRID GOLCHER COTO
DIRECTORA E INTERPRETE OFICIAL
ESPAÑOL - ESPAÑOL - INGLÉS
ACUERDO 012-98-DJ
COSTA RICA

OFFICIAL TRANSLATION

I, Ingrid Golcher Coto, Official Translator of the Ministry of Foreign Affairs and Worship of the Republic of Costa Rica, named by Agreement # 012-98-DJ of November sixteenth, nineteen hundred and ninety eight, published in La Gaceta #01 of January fourth, nineteen hundred and ninety nine, hereby CERTIFY that the document C-28-95-CONESUP to be translated from Spanish into English reads as follows:-----

-----C-28-95-CONESUP-----

-----MINISTERIO DE EDUCACIÓN PÚBLICA-----

----- (PUBLIC EDUCATION MINISTRY) -----

-----CONSEJO NACIONAL DE ENSEÑANZA SUPERIOR UNIVERSITARIA PRIVADA-----

----- (NATIONAL COUNCIL OF PRIVATE UNIVERSITY HIGHER EDUCATION) -----

-----DANILO GONZALEZ RAMIREZ-----

-----ASSISTANT GENERAL SECRETARY-----

-----CERTIFIES:-----

That by resolution of the fourth article of the session number two hundred fifty and six-ninety and five, held by this Council on January twenty third, nineteen hundred and ninety five it was resolved to authorize the creation and functioning of the Universidad de Iberoamérica (UNIBE)(University of Ibero-America).-----

*****LAST LINE*****

THAT IS ALL.- I issue this certification upon request of Ms. Emma Grace Hernández F.



INGRID GOLCHER COTO
 TRADUCTORA E INTERPRETE OFICIAL
 ESPAÑOL - ESPAÑOL - INGLÉS
 ACUERDO 012-98-DJ
 COSTA RICA

at the twelve hours on March seventeenth, nineteen hundred and ninety five.- Lawful stamps are added and cancelled.-

ILLEGIBLE SIGNATURE

REPUBLICA DE COSTA RICA

(EMBOSED SEAL)

NOT VALID WITHOUT

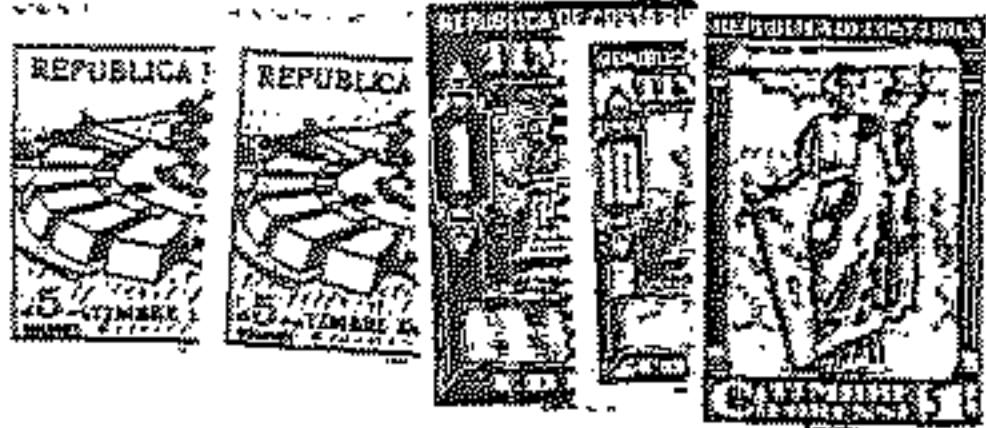
THE EMBOSED SEAL

OF CONESUP

LAST LINE

In witness whereof I extend this official translation from Spanish into English, consisting of two pages, and I sign in San Jose on December thirteenth, twenty hundred and one. Lawful stamps are added and cancelled.

[Handwritten signature]



INGRID GOLCHER COTO
 TRADUCTORA E INTERPRETE OFICIAL
 INGLÉS - ESPAÑOL - ESPAÑOL - INGLÉS
 ACUERDO 012-98-DJ
 COSTA RICA

REPUBLICA DE COSTA RICA

MINISTERIO DE RELACIONES EXTERIORES Y CULTO

La firma que antecede del señor

Ingrid Goleher Coto
Traductora Oficial

ES AUTENTICA

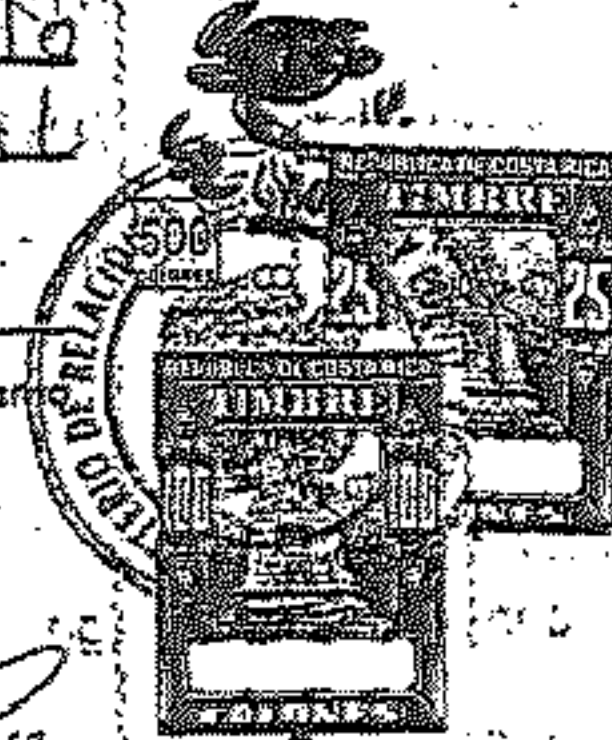
San José, 19 DIC. 2001

Esta autenticación no implica responsabilidad en cuanto
al contenido del documento.



Hannia Porras García
Oficial de Autenticaciones

TIMBRE
Parques Nacionales



REPUBLIC OF COSTA RICA
PROVINCE AND CITY OF SAN JOSE
EMBASSY OF THE UNITED STATES } SS
OF AMERICA

I, MATTHEW SHIELDS Consul of
The United States of America at San Jose, duly
commissioned and qualified, do hereby certify that
HANNIA PORRAS GARCIA
whose true signature and official seal are, respecti-
vely, subscribed and affixed to the foregoing
documents, was on the 19TH
day of DECEMBER 2001
the date thereof, OFFICER OF AUTH.

MINISTRY OF FOREIGN AFFAIRS
San Jose, Republic of Costa Rica,
duly commissioned and qualified, to whose
official acts faith and credit are due.
IN WITNESS WHEREOF I have hereunto set my
hand and affixed the seal of the Embassy at
San Jose, Costa Rica, this 21 day of DEC. 2001

MATTHEW SHIELDS

CONSUL OF THE UNITED STATES OF AMERICA
SAN JOSE COSTA RICA

FAX URGENTE DE UNIBE

Sr.
Hector Quintanilla
Department of Educational
Presente

Estimado Don Hector

El motivo de este fax es el siguiente:

He ingresado todos los datos pero a la hora de ver la actualización de los datos me aparece el siguiente mensaje Application is being reviewed by ITD. Data will not be updated.

Abuso de su confianza para que me pueda devolver la llamada al (506) 297-2242 (ext 137) y así me indique como actualizar los datos en cada pregunta.

Además confirmar que la dirección que usted muy gentilmente me dio
U.S. Department of Education
61-fo-rsyth
ST. Sw, Room 18t20B
Atlanta Georgia
30303

Son las 15:00 horas en Costa Rica yo retiro a las 18: 00 horas

Si fuera tan amable de volverme la llamada hoy mismo para tener todos los documentos al día

Le agradezco su colaboración sin más por el momento se despide de Usted

Muchas Gracias,

Hazel Brenes
UNIBE

*TUAN ON ACC. on 5/22/02
5/27/2002*

Hazbre@hotmail.com.

For: Héctor Quintero.
UNIBE CR.

Four: FULFILLMENT OF THESE PURPOSES:

These are the purposes of the Association.

- a) Create, conserve and transmit culture and education;
- b) Establish and manage, without a profit motive, centers of university and technical education and the realization (carrying out) of all kinds of cultural activities, especially the arts, technical and scientific literature (literary writings) which have the social well-being and the development of the community as their purpose;
- c) Offer throughout the mentioned centers and integral education to all students;
- d) Contribute to the study and solution of the national problems through community work programs or obligatory social service programs equivalent or similar to those which exist in the public universities;
- e) Execute (carry out), in general, all kinds of activities pertaining to the promotion of human solidarity and the establishment and fortification of peace. In order to fulfill these purposes, the Association will act within the broadest conception of liberty and democratic philosophy, without distinction of race, religion, political belief, social position, and any other criterion contrary to human dignity, and with a criterion of public service. It will have a faculty which will form leagues (groups), unions and/or federations when that is approved by the general assembly, with voting rights not less than 60% of the total of the members with the right to vote, to merge with other associations to form a new one.

Dale Thomas Schraufnagel
PROFESSIONAL ENGLISH
Master of Arts in Education

Legal Document
of Registration



No. 470077 A

REGISTRO DE ASOCIACIONES Número dieciséis. Ante mí, ERICK

1	EMMA GRACE HERNANDEZ FLORES,	ORTEGA VEGA, Notario Público de
2	MARGARITA MUÑOZ GUZMAN, EUGENIE	San José, comparecieron los
3	ALVARADO ARIAS, LEIDY FONSECA	señores: EMMA GRACE HERNANDEZ
4	SEGURA, SOFIA HERNANDEZ FLORES,	FLORES, mayor, divorciada, Abogada,
5	ELAINE BRAVO RODRIGUEZ, JENNY MORA	cédula uno-quinientos treinta y
6	DURAN, MARIO ORDÓREZ SAENZ,	seis-novecientos ocho, vecina de
7	NATASHA RAMIREZ CASTRO, y DUNNIA	San José; MARGARITA MUÑOZ GUZMAN,
8	SALAS LEITON, constituyen la	mayor, soltera, Secretaria, cédula
9	Asociación "UNIVERSIDAD DE	dos-cientos ochenta-mil ciento
10	IBEROAMERICA -UNIBE-"	sesenta y seis, vecina de San José;
11	Notario: ERICK ORTEGA VEGA.	EUGENIE ALVARADO ARIAS, mayor,
12	En San José, a las diez horas del	divorciada, Enfermera, cédula dos-
13	catorce de febrero de mil novecien-	doscientos veintiséis-cuatrocientos
14	tos noventa y cuatro.	sesenta y nueve, vecina de San
15		José; LEIDY FONSECA SEGURA, mayor,
16		soltera, Secretaria, cédula uno-
17		setecientos setenta y cuatro-
18		ochocientos setenta y dos, vecina
19		de San Rafael Abajo, Desamparados;
20	*****	
21	SOFIA HERNANDEZ FLORES, mayor, estudiante, cédula cuatro-ciento	
22	cincuenta y siete-cero treinta y dos, vecina de San José;	
23	ELAINE BRAVO RODRIGUEZ, mayor, casada una vez, Secretaria,	
24	cédula uno-quinientos noventa y ocho-novecientos sesenta y seis,	
25	vecina de Curridabat; JENNY MORA DURAN, mayor, soltera,	
26	estudiante, cédula uno-setecientos cincuenta y siete- seiscientos	
27	ocho, vecina de San José; MARIO ORDÓREZ SAENZ, mayor, casado dos	
28	veces, Empresario Turístico, cédula ocho- cero cincuenta y	
29	cuatro- ochocientos setenta y dos. vecino de San José; NATASHA	
30	RAMIREZ CASTRO, mayor, casada dos veces, Empresaria Turística.	

Leyenda

