

Report Date: 01/15/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 034566 00
 Appl Sys Id: 117942
 Entered by Education:

Section A

1. Purpose: 03 Reapproval (Recertification)
 99 Application for eligibility and certification approval of
 the professional degree program in Medicine (Doctor of Medicine)
 to participate in the Title IV, HEA Program

Preacquisition Review Requested: N

2. School Name: Angeles University Foundation

3. Trade Name:

4. Former Name:

5. Merger: OPEID School Name

6a. TIN:

6b. DUNS: 718826514

7. Recent Award Begin Date: 07/01/1999

Recent Award End Date: 06/30/2000

8. Current Award Begin Date: 07/01/2000

Current Award End Date: 06/30/2001

9. E-mail Address: auf@auf.edu.ph

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

Name:	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Dr Emmanuel Y. Angeles	03/06/2001		Y	N	N	N
Joined User:	034566					
McArthur Highway Address: Angeles City Pampanga Philippines, 2009	<u>School's Title</u>			<u>PEPS Title</u>		
Phone: 888-2663 to 65 Fax: (045) 888-2725 E-mail: eya@auf.edu.ph	President			Member of the Board President/Chancellor/CEO		

Name:	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Mrs Ma. Loreto A. Canlas	03/06/2001		N	N	N	N
Joined User:	034566					
McArthur Highway Address: Angeles City Pampanga Philippines, 2009	<u>School's Title</u>			<u>PEPS Title</u>		
Phone: 2663 to 65 X708 Fax: (045) 888-2725 E-mail: auf@auf.edu.ph	Vice President for Finance			Chief Financial Officer		

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Name:	Last Update	End Date	Signature	Contact	Colleague	Agent
Miss Sylvia M. Soriano	03/06/2001		N	N	N	N
Joined User:	034566					
Address: McArthur Highway Angeles City Pampanga Philippines, 2009	School's Title		PEPS Title			
Phone: 2663 to65 X722	Director of Student and Alumni Affairs		Financial Aid Administrator			
Fax: (045) 888-2725						
E-mail: auf@auf.edu.ph						
Name: Ms Julieta D. Cuyugan	03/06/2001		N	Y	Y	N
Joined User:	034566					
Address: McArthur Highway Angeles City Pampanga Philippines, 2009	School's Title		PEPS Title			
Phone: 2663 to65 X707	Acting University Registrar		Registrar			
Fax: (045) 888-2725						
E-mail: jdcuyugan@auf.edu.ph						
Name: Mr Laureano C. Santos	03/06/2001		N	N	N	N
Joined User:	034566					
Address: McArthur Highway Angeles City Pampanga Philippines, 2009	School's Title		PEPS Title			
Phone: 2663 to65 X705	Vice President for Administration		Boards Recording Secretary			
Fax: (045) 888-2725						
E-mail: auf@auf.edu.ph						
Name: Reverend Paciano B. Aniceto, DD	03/06/2001		N	N	N	N
Joined User:	034566					
Address:	School's Title		PEPS Title			
Phone:			Member of the Board			
Fax:						
E-mail:						
Name: Honorable Antonio Y. Angeles	03/06/2001		N	N	N	N
Joined User:	034566					
Address:	School's Title		PEPS Title			
Phone:			Member of the Board			
Fax:						
E-mail:						

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	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Name: Honorable Victor Jose I. Luciano	03/06/2001		N	N	N	N
Joined User:	034566					
Address:	<u>School's Title</u>		<u>PEPS Title</u>			
Phone:	Member of the Board					
Fax:						
E-mail:						

	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Name: Honorable Erlinda C. Pefianco	03/06/2001		N	N	N	N
Joined User:	034566					
Address:	<u>School's Title</u>		<u>PEPS Title</u>			
Phone:	Member of the Board					
Fax:						
E-mail:						

	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Name: Honorable Justo P. Torres, Jr.	03/06/2001		N	N	N	N
Joined User:	034566					
Address:	<u>School's Title</u>		<u>PEPS Title</u>			
Phone:	Member of the Board					
Fax:						
E-mail:						

	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Name: Honorable Alberto P. Fenix, Jr.	03/06/2001		N	N	N	N
Joined User:	034566					
Address:	<u>School's Title</u>		<u>PEPS Title</u>			
Phone:	Member of the Board					
Fax:						
E-mail:						

	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Name: Honorable Diosdado M. Macapagal, Jr.	03/06/2001		N	N	N	N
Joined User:	034566					
Address:	<u>School's Title</u>		<u>PEPS Title</u>			
Phone:	Member of the Board					
Fax:						
E-mail:						

	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Name: Honorable Manuel A. Roxas, Jr.	03/06/2001		N	N	N	N
Joined User:	034566					
Address:	<u>School's Title</u>		<u>PEPS Title</u>			
Phone:	Member of the Board					
Fax:						
E-mail:						

Report Date: 01/15/2008

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 Entered by Education:

Name:	Honorable Precioso R. Perlas	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:		03/06/2001		N	N	N	N
Address:		034566					
Phone:		<u>School's Title</u>		<u>PEPS Title</u>			
Fax:					Member of the Board		
E-mail:							

Name:	Mr Restituto M. Mercado	<u>Last Update</u>	<u>End Date</u>	<u>Signature</u>	<u>Contact</u>	<u>Colleague</u>	<u>Agent</u>
Joined User:		03/06/2001		N	N	N	N
Address:		034566					
Phone:		<u>School's Title</u>		<u>PEPS Title</u>			
Fax:					Member of the Board		
E-mail:							

Section B

15. Accreditation:

<u>End Date/</u> <u>Approved</u>	<u>Last Updt</u> <u>Date/User</u>	<u>Agency Name</u>	<u>Type</u>	<u>Designation</u>	<u>Last Accred</u> <u>Year</u>	<u>Number</u> <u>Years</u>
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16. 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>
06/13/1988	03/20/2000	Yes EPSROBER	Department of Education, Culture & Sports		
			Angeles City Pampanga Philippines, 2009		

Section C

18. School Type: Foreign Private

19. Type Change Date:

Report Date: 01/15/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 034566 00
 Appl Sys Id: 117942
 Entered by Education:

Section D

22.Owner Type:

23,24.Owners:

Name/Address	Owner Level/%	Start Date / End Date	TIN	Last Updt Date/user	Owner Type/Stock Symbol/ Incorporation State/ Country
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25.Other Entities Owned:

Owner Name	OPE ID	School Name	Servicer	End Date	Liability Owed
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Section E

26.Educational Programs:

- Y a.Associate's Degree
- Y b.Bachelor's Degree
- Y c.Master's Degree or Doctor's Degree
- Y 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: Semester 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:

End Date	Last Updt Date/User	Program Name	OPE ID	School Name/ Corporation Name/ Address	Owner Name	Withdraw Ind./ % Contracted Out
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Section F

29 - 30.Locations:

OPE ID/ DUNS	School Name/Address/ Other Address	Recommend.	Disapprove Branch Date/Reason	End Date	Last Updt Date/User
03456600	Angeles University	Approve			03/13/2001
718826514	Foundation McArthur Highway Angeles City Pampanga Philippines, 2009 Mailing Address:				034566

Report Date: 01/15/2008

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 OPEID: 034566 00
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 Entered by Education:

Section G

Recently Completed Award Year: 2000

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.

Section H

36.FTE Financial Aid Staff:

Award Year: 2001

Professional Staff:

Clerical Staff:

37.SFAP Programs:

38.-39.Enrollment:

Current Year:

Next Year:

Third Year:

Total Enroll.:

Withdrawals at 100% Refund:

Withdrawals <100% Refund:

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:

47.Foreign Instructional Location:

Name of Facility: AUF College of Medicine

McArthur Highway

Address: Angeles City

Pampanga

Philippines, 2009

Phone: (45)888-2663

Fax: (45)888-2725

E-mail Address: auf@auf.edu.ph

Contact Name: Dr. Romeo Y. Enriquez

48.Non-US Medical Evaluation Agency:

Report Date: 01/15/2008

E-App Reviewer Area
 Audit Trail Detail Report
 OPEID: 034566 00
 Appl Sys Id: 117942
 Entered by Education:

49. Approved for Grad. Med. Ed. in your Country: Y
 50. Total Clinical/Medical Instruction Months: 42

51. US Clinical/Medical Location:

52. Graduation Dates/Totals:	<u>Graduation Date</u>	<u>Number Of Graduates</u>
Most Recent Year:	04/24/1998	35
Previous Year:	04/21/1999	40
Third Year:	04/25/2000	31

Most Recent Academic Year

53. Start Date: 06/14/1999
 End Date: 03/17/2000

54. Total Enrolled: 195

55. Total Non-US Citizens/Residents Enrolled: 189

56. Students Taking any Step of ECFMG Exam: 0

57. Students Passing any Step of ECFMG Exam: 0

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 668.16:	Y	
60.			34 CFR 668.16:	Y	
61.			Periodic Fiscal Reconcil:	Y	
62.			34 CFR 668.16:	Y	
63.			34 CFR 668.16:	Y	
64.			34 CFR 668.163:	N	
65.			34 CFR 668.22:	Y	
66a.			34 CFR 668.15:	N	
66b.			34 CFR 668.23:	N	
67.			Use Electronic Process:	Y	
68.			Change Notification Process:	Y	

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 Entered by Education:

69. Application Comments:

Explanation for Question No. 43

Legal authorization not available. However, appropriate documents to support the answer will be sent together with the signature page.

Answer for Question No. 48

In accordance with the pertinent provisions of Republic Act No. 7722, otherwise known as the "Higher Education Act of 1994", the Commission on Higher Education (CHED) Central Office, with Hon. Ester A. Garcia as Chairperson, is legally authorized to evaluate the quality of educational programs in the Philippines.

Explanation why Question Nos. 66a & 66b are unanswered:

No annual financial statement audits and annual federal student financial aid compliance audits have been submitted. Angeles University Foundation does not disburse Title IV, HEA program funds. Students participating in the title IV, HEA program receive funds directly from the lender. At present, we have only two students who are under the program and both have directly received their funds from their lenders. However, the financial position of the university is audited annually by independent public accountants from the Sycip Gorres Velayo & Co., an Arthur Andersen Member. This annual audit report will be provided on request.

71. Foreign Gift:

<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:

Report Date: 01/15/2008

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Appl Sys Id: 117942
Entered by Education:

<u>Section Number</u>	<u>Question Changed</u>	<u>Change Date</u>
A	06b	03/13/2001
A	09	03/06/2001
A	10	03/06/2001
A	11	03/08/2001
A	12	03/08/2001
A	13	03/06/2001
C	20	03/13/2001
C	21	03/06/2001
E	26	03/06/2001
G	31	03/06/2001
G	32	03/06/2001
G	33	03/06/2001
G	34	03/06/2001
I	43	03/06/2001
I	44	03/06/2001
I	45	03/06/2001
I	46	03/13/2001
I	47	03/13/2001
I	48	03/13/2001
I	49	03/13/2001
I	52	03/13/2001
I	53	03/13/2001
I	54	03/13/2001
I	55	03/13/2001
K	59	03/06/2001
K	60	03/06/2001
K	61	03/06/2001
K	62	03/06/2001
K	63	03/06/2001
K	64	03/13/2001
K	65	03/06/2001
K	66a	03/13/2001
K	67	03/13/2001
K	68	03/06/2001
K	69	03/13/2001
L	L	03/06/2001
X	X	03/13/2001

Section I (page 2 of 6) [Help](#) OPE ID: 03456600 School Name: Angeles University Foundation
 Your Reapproval (Recertification) application has been submitted. McArthur Highway
 Angeles City, Philippines

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

	Need Info	Foreign Medical Facility	City	Country	End Date
Update/Review Facility		AUF College of Medicine	Angeles City	PHILIPPINES	

[Click here to add a Foreign Medical Facility.](#)

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

[Click here to add the entity which is legally authorized to evaluate your programs.](#)

49. Are you approved by an entity 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?

months

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

Yes No

[Click here to add a U.S. clinical or medical training facility.](#)

52. List the dates of graduation and the number of regular students who graduated within the past three 12-month periods. (Enter dates in mm/dd/yyyy format.)

Dates	Dates	Dates
<input type="text" value="04/24/1998"/>	<input type="text" value="04/21/1999"/>	<input type="text" value="04/25/2000"/>
Graduates	Graduates	Graduates
<input type="text" value="35"/>	<input type="text" value="40"/>	<input type="text" value="31"/>

Note: If you have had more than three graduations within the past three 12-month periods, please enter the information in Question 69 (Section K).

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

Beginning Date

(mm/dd/yyyy format)

Ending Date

 (mm/dd/yyyy format)

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

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?

57. How many of the students in Question 56 received passing scores on any "step" of the examinations?

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 I
- 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

Warning. Questions 59-68 in Section K were not all answered. Please enter a reason in Question 69 (Section K).

Section L (page 1 of 1) [Help](#) OPE ID: 03456600 School Name: Angeles University Foundation
Your Reapproval (Recertification) application has NOT been submitted. McArthur Highway
Angeles City, Philippines

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

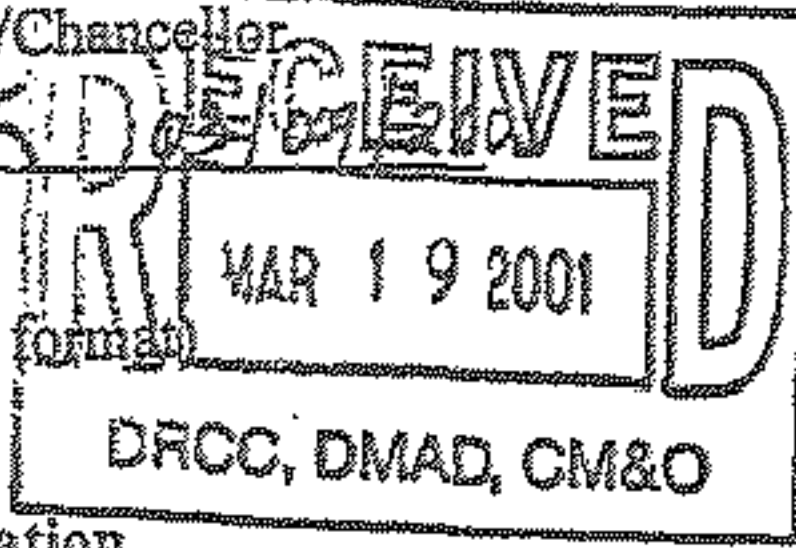
I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in 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

Emmanuel Y. Angeles

Date

(mm/dd/yyyy format)



Name of institution

Angeles University Foundation

Name of President/CEO/Chancellor

Check here if this is the same person as in Question 10 (Dr. Emmanuel Y. Angeles). If not, complete the information below.

Prefix

First name

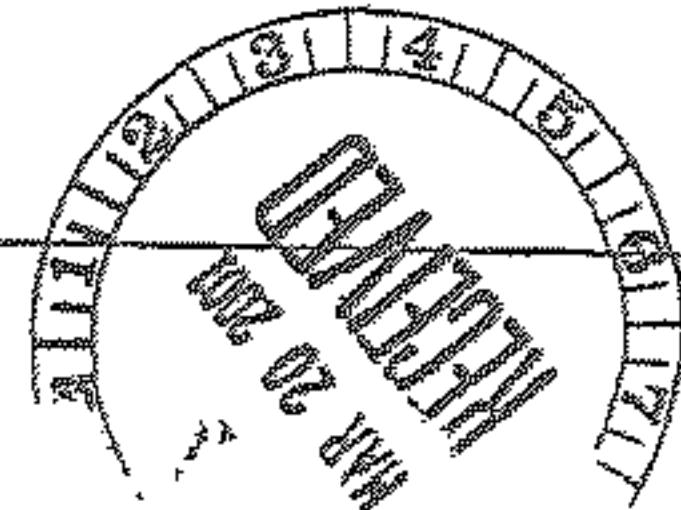
MI

Last name

Suffix

Job title

Business street address





Republic of the Philippines
COMMISSION ON HIGHER EDUCATION
Higher Education Regional Office III
San Fernando, Pampanga
Tel. No. 963-45-12

RELEASED

MAR 08 2001

CHED RO III

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that ANGELES UNIVERSITY FOUNDATION, Angeles City, a private higher education institution in Region III, is duly recognized by the Commission on Higher Education (CHED) and authorized to operate the following courses, to wit:

Graduate Programs

Doctor of Philosophy in Education and Public Administration
Master of Arts in Education, Teaching & Nursing
Master in Business Administration
Master in Public Administration
Master of Science in Mathematics
Master in Public Health
Master of Science in Information Technology

Undergraduate Programs

BS Occupational Therapy, Physical Therapy
BS Medical Technology, Radiologic Technology
BS Biology, Psychology, Mathematics
BS Foreign Services
Liberal Arts
BS Electronics & Communications Engineering, Computer Engineering
Civil Engineering
Bachelor of Secondary & Elementary Education
BS Criminology
BS Business Administration, Management & Entrepreneurship, Marketing
BS Accountancy
BS Office Administration
BS Computer Administration
BS Computer Science, Information Technology
BS Nursing
Doctor of Medicine
BS Hotel & Restaurant Management
BS Public Administration

This certification is issued upon the request of ANGELES UNIVERSITY FOUNDATION, Angeles City for authentication purposes.

Issued this 7th day of March 2001 in the City of San Fernando, Philippines.


Remigia A. NATHANIELSZ, ED.D., CESO III
Director IV

(NOT VALID WITHOUT SEAL)

