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| **LEVERAGING EDUCATIONAL ASSISTANCE PROGRAM (LEAP)****EDUCATIONAL INSTITUTION INFORMATION SHEET (EIIS)** |
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| **A. INSTITUTIONAL PROFILE** |
| Name:  | Website:  |
| Address:  | Phone: |
| Date Founded: | Accreditation:  |
| Orientation: [ ]  Non-sectarian [ ]  Sectarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status: (e.g. COE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Campus Locations:  |
|  |
| **B. OWNERSHIP & MANAGEMENT TEAM** |
| **OWNERSHIP** | **MANAGEMENT TEAM** |
| Name | PhP | % | Position | Name[[1]](#footnote-1) | Degree | Yrs[[2]](#footnote-2) |
| 1.  |  |  | Chairman |  |  |  |
| 2.  |  |  | President |  |  |  |
| 3.  |  |  | Vice President |  |  |  |
| 4.  |  |  | Corp Secretary |  |  |  |
| 5.  |  |  | Treasurer |  |  |  |
| 6. All Other Stockholders |  |  | Academic Dir. |  |  |  |
|  |
| **C. ACADEMIC PERFORMANCE** |
| Licensure Exams (latest; specify exam/s & Passing rate/s):  |
| Performance Metrics: (latest 3 years) |  |  |  |
| * Student Population (Number)
* Regular Faculty Members (Number)
* Part-time Teachers (Number)
* Student-Teacher Ratio
 |  |  |  |
|  |  |  |
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| **D. COURSE / TRAINING PROGRAM FOR DEEPSAI ACCREDITATION** |
| Course Description:  |
| How long has the course been offered?  | How long to complete the course?  |
| Recognition Awarded: [ ]  Diploma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Faculty (no.): Full-time: \_\_\_\_\_\_ Part-time:  |  |
| With Partner Employer: [ ]  Yes [ ]  No  | If yes, name:  |
| **YEARS** |  |  |  |
| * Number of Graduates (latest 3 years)
 |  |  |  |
| * No. of Graduates Employed (latest 3 yrs)
 |  |  |  |
| Other Employment Arrangement (specify):  |
|  |
| **E. DOCUMENTS REQUIRED & SUBMITTED** |
| [ ]  LEAP Application Form | [ ]  Corp papers (AOI, By-laws)  | [ ]  ITR / Certificate of Exemption |
| [ ]  EI Information Sheet | [ ]  CHED/TESDA Accreditation | [ ]  Audited FS (latest 3 years)  |
| [ ]  Board Resolution to Borrow | [ ]  Business Permit | [ ]  Copy of MOA w/ Employer |
|  |
| Alumni Association: [ ]  YES [ ]  NO No. of Members: \_\_\_\_\_\_\_\_\_\_\_\_ |
| * DEEPSAI Members: [ ]  YES [ ]  NO No. of Members: \_\_\_\_\_\_\_\_\_\_\_\_
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| D. PHOTOS OF SCHOOL BUILDING: (Front, sides, back and bird’s eye view)  |
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|  |
| Prepared By: Approved By: Date:  |
|  |

1. Please provide brief biodata of school officials, include 2x2 ID picture. [↑](#footnote-ref-1)
2. Years in the position. [↑](#footnote-ref-2)