

ASIA PACIFIC THEOLOGICAL ASSOCIATION
P O Box 13844, Ortigas Center, 1605 Pasig City, Philippines

ACCREDITATION COMMISSION
ANNUAL PROGRESS REPORT BY ACCREDITED SCHOOLS

Each APTA Accredited School must file an annual progress report with the Accreditation Commission. This report must be received by the APTA Office by June 30 each year for the most recently completed academic year.

School Name: _____

Period Covered by Report: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Date of Initial Accreditation: _____ Date of Last Visit: _____

Current Accreditation Status: _____

Have you paid your annual APTA dues for the current year? ____ YES ____ NO

If included in this report, state the amount enclosed: US\$ _____

For the previous academic year:

	Total Number of Students	
	Full Time	Part Time
1 st Term/Sem		
2 nd Term/Sem		
3 rd Term		
4 th Term		

Number of graduates – others define, during previous academic year: _____

Number of Awards: Certificate ____ Diplomas ____ Degrees ____ Others (define) _____

Indicate **substantive changes** in the following areas not already reported. Attach additional sheets, if necessary:

Administration: ____ yes ____ no (if yes, list new personnel and position)

Location: ____ yes ____ no (If yes, give address and description of new location)

Academic programs: ____ yes ____ no (if yes, complete attached form)

Financial conditions: ____ yes ____ no (if yes, describe the changes)

An APTA Accredited school is obligated to inform the Accreditation Commission in a timely manner of any substantive change in administrative personnel, academic programs or other aspects of the school that would significantly effect its ability to carry out normal operations (e.g., financial difficulties or location). The introduction of new academic programs is considered a substantive change requiring prior notification to the Accreditation Commission.

Attach a list of the recommendations and notations resulting from the last accreditation visit and briefly summarize the actions taken by the school to address these.

We affirm that this report contains a factual statement of the actions taken by the school regarding the recommendations and notations given by the APTA Accreditation Commission.

 President/Principal (PRINT) Signature Date (month/date/yr)

 Officer of Board of Directors
 (Other than President/Principal)
 (PRINT) Signature Date (month/date/yr)

For anticipated academic programs change, complete the following:

1. Name of program: _____ and Award: _____
2. When program will be implemented: _____
3. Person responsible for coordinating the program: _____
4. Faculty serving the program and their academic qualifications: _____

5. Library resources available to serve the program: _____
6. Physical facilities used for the program: _____
7. Are the APTA requirements for academic programs being followed (e.g. classroom hours, admission requirements, academic records, etc)?
 _____ yes _____ no (Explain – Reference Standard Two)

FOR OFFICIAL USE:	DUES PAID (AMT)	DATE