

**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:**

	<b>Total Number of Students on Campus</b>		Total Number of Students in the Extension
	<b>Full Time</b>	<b>Part Time</b>	<b>Full / Part Time</b>
1 <sup>st</sup> Term/Sem			
2 <sup>nd</sup> Term/Sem			
3 <sup>rd</sup> Term			
4 <sup>th</sup> 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)

