

Name of SUC: _____

Region: _____

KRA 1. QUALITY AND RELEVANCE OF INSTRUCTION

Item 3. Student Financial Assistance

- a. List of students enrolled as grantees in the past three (3) years

___ Semester School Year: _____

A. UNDERGRADUATE			
NAME OF CAMPUS/ PROGRAM	No.	NAME OF GRANTEES	Name of Student Financial Assistance/Donor/Sponsor
	1		
	2		
	3		
	4		
TOTAL ENROLLEES			
TOTAL SCHOLARS			

B. GRADUATE			
NAME OF CAMPUS/ PROGRAM	No.	NAME OF GRANTEES	Donor/Sponsor
	1		
	2		
	3		
	4		
	5		
TOTAL ENROLLEES			
TOTAL SCHOLARS			

	Prepared by	Certified True and Correct
Name		
Designation		
Signature		
Date		