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PROGRAM QUALITY ASSESSMENT EVALUATION REPORT FORM

Programs	Fil			Date of Assessment: 2024-07-16	
Level Applied	2			Result: wew	
Area Evaluated		Findings		Recommendations	
we		wew	w	wew	
Evaluated by:		Ap	proved:		
wew			_		
(Signature Over Printed Name)			(Signature of Team Leader)		

Program Quality Assessment (PQA) Team