**Expanded Tertiary Education Equivalency and Accreditation Program (ETEEAP)**  
**Pre-Evaluation Form**

**Personal Information**  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_  
Gender: ☐ Male ☐ Female ☐ Other  
Civil Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated  
Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background**  
(Indicate highest educational attainment)  
☐ High School Graduate (Year Graduated: \_\_\_\_\_\_\_\_)  
☐ College Level (Specify year level and course: \_\_\_\_\_\_\_\_)  
☐ Vocational/Technical (Specify course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
☐ Others (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Work Experience**  
(List at least three most recent work experiences)

1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Duration: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
2. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Duration: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_
3. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Duration: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

**Skills and Competencies**  
(List relevant skills acquired through work experience, training, or self-study)

**Certifications, Trainings, and Seminars Attended**  
(Provide details of certifications, trainings, or seminars relevant to your field of expertise)

1. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Year Completed: \_\_\_\_\_\_\_\_\_\_
2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Year Completed: \_\_\_\_\_\_\_\_\_\_
3. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   Year Completed: \_\_\_\_\_\_\_\_\_\_

**Preferred Program for Accreditation**  
(Indicate the degree program you wish to be accredited for under ETEEAP)

☐

**Supporting Documents Checklist**  
(Attach photocopies of the following documents)  
☐ Birth Certificate issued by NSO  
☐ Letter of Intent  
☐ Resume/Curriculum Vitae/Personal Data Sheet  
☐ ETEEAP Application Form with attached recent 1.5x1.5 ID Picture  
☐ 2x2 Formal Picture with White Background  
☐ Certificate of Good Moral Character  
☐ Notarized Service Record/Certificate of Employment  
☐ Notarized Job Description/Detailed Functions and Responsibilities signed and Certified by current and former Employers  
☐ Recommendation Letter from current or former employers  
☐ Certificate of Licensure Examinations taken (If Applicable)  
☐ Trainings/Seminars/Workshops Attended/Certificates of Awards/Recognition/Citations Received  
☐ Community/Extension Services Rendered Membership in Professional or Government Organizations  
☐ Other appropriate evidences (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  
  
  
I certify that the information provided in this form is true and correct to the best of my knowledge. I understand that any false information may result in disqualification from the ETEEAP application process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  
*Signature over Printed Name Date*