



**PHILIPPINE ASSOCIATION OF COLLEGES AND UNIVERSITIES  
OF INDUSTRIAL TECHNOLOGY (PACUIT), INC.**

c/o Iloilo Science and Technology University

La Paz, Iloilo City

Tel. No. (033) – 320-7190 Loc. 102

Email Address: pacuit.inc@gmail.com

**APPLICATION FOR MEMBERSHIP**

*(Note: Provide the information in the spaces or  
expand the format on additional sheets)*

**I. INSTITUTIONAL PROFILE**

Name of Institution Isabela State University  
Address Calamagui 2nd, City of Ilagan, Isabela  
Street \_\_\_\_\_ Barangay \_\_\_\_\_ Municipality/City \_\_\_\_\_ Province \_\_\_\_\_  
Zip Code 3300 Region 2  
Telephone No. \_\_\_\_\_  
Facsimile No. \_\_\_\_\_ Email elizabeth.v.abrenilla@isu.edu.ph  
Name of President Dr. BOYET L. BATANG  
Cellphone No. 09568551361  
Ownership  Public  Private

**Historical Background**

School Type	Name	Enabling Act	Year
High School			
Tech./Voc'l. School			
College			
University	Isabela State University		1978

**II. RESOURCES**

Resources	Number	Field of Specialization
A. Faculty of Industrial or Eng'g. Tech. Program	1	Electrical Technology Electronics Technology
a. Doctoral Degree Holders	_____	_____
b. Masters Degree Holders	_____	_____
c. Bachelors Degree Holders	_____	_____
d. Non-Degree Holders	_____	_____

B. Physical Facilities & Equipment	Number	Type/Capacity
a. Buildings		
Administration	_____	_____
Classroom	_____	_____
Library	_____	_____
Laboratory	_____	_____
Others	_____	_____
b. Programs	Name	Accredited / Non-Accredited
1. Instruction		
<u>BS Industrial Technology</u>	<u>1</u> _____	<u>Accredited</u> _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
2. Research/Innovation/Invention		
1.	_____	_____
2.	_____	_____
3. Extension Activities		
_____	_____	_____
_____	_____	_____
_____	_____	_____
C. Students	Total enrolment	<u>1,108</u> _____
D. Linkages		
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFIED TRUE and CORRECT:

*Signature over the printed name of Agency Head* \_\_\_\_\_ *Date* \_\_\_\_\_