



## 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 University of Science and Technology of Southern Philippines  
Address Zone 09, Bulua, Cagayan de Oro City

Street Barangay Municipality/City Misamis Or.  
Zip Cod 9000 Region Roman Catholic Telephone No. 032-5205644  
Facsimile No. N/A Email geovanipabilona@gmail.com  
Name of President Ambrosio B. Cultura  
Cellphone No. +639267292890  
Ownership ( / ) Public ( ) Private

#### Historical Background

School Type	Name	Enabling Act	Year
High School	Liceo de Cagayan University		1996
Tech./Voc'l. School	Xavier-University- Ateneo de Cagayan		2003
College	Cebu Institute of Technology- University		2007
University			

#### II. RESOURCES

Resources	Number	Field of Specialization
A. Faculty of Industrial or Eng'g. Tech. Program		
a. Doctoral Degree Holders	<u>3191863</u>	<u>PLC and CONTROLS</u>
b. Masters Degree Holders	<u>                </u>	<u>                </u>
c. Bachelors Degree Holders	<u>                </u>	<u>                </u>
d. Non-Degree Holders	<u>                </u>	<u>                </u>

B. Physical Facilities & Equipment	Number	Type/Capacity
a. Buildings		
Administration	N/A	_____
Classroom	N/A	_____
Library	N/A	_____
Laboratory	N/A	_____
Others	N/A	_____
b. Programs	Name	Accredited / Non-Accredited
1. Instruction		
	N/A	_____
2. Research/Innovation/Invention		
1. <u>School Waste Disposal Program</u>		_____
2. <u>Appropriate Solid Waste Management in Rural Areas Approach</u>		_____
3. Extension Activities		
Facilitator of Automation and Simulation @ DepEd El Salvador Division		_____
		_____
		_____
C. Students	Total enrolment	_____
D. Linkages		
Institute of Electronics Engineers of the Philippines		_____
		_____
		_____

CERTIFIED TRUE and CORRECT:

*Signature over the printed name of Agency Head*

*Date*