Please ensure that no personal information for any student is included with any submission.

2012 Annual Report

Gather the information outlined on the first page of this document for the institution’s main location and all branch locations, if any. Annual report data is institutional data that is aggregate for the main location and all branch locations.

Section #1 – Annual Report Institutions

1. **Report for Year 2012**

2. **Institution Name?** (Submit one report per institution which includes branches and/or satellites, if applicable.) Agape College of Business and Science

3. **Institution Code?** (If an institution has branch locations the institution code is the school code for the main location.) __46614809________________

4. **Street Address? (Physical Location)** (Street address of the main location, city and zip code.) 313 P Street #205 Fresno, Ca 93721

5. **Number of Branch Locations?** (Indicate the number of branch locations associated with the main location. If none, indicate zero (“0”).) ____0________

6. **Number of Satellite Locations?** (Indicate the number of satellite locations associated with the main location or any of the branch locations. If none, indicate zero (“0”).) ____0________

7. **Is this institution current with all assessments to the Student Tuition Recovery Fund?** (Indicate “yes” if the institution has completed and submitted all quarterly assessment forms required, along with the appropriate assessment, for the Student Tuition Recovery Fund. Indicate “no” if the institution has not completed and submitted, along with the appropriate assessments, all quarterly assessment forms required for the Student Tuition Recovery Fund.) Yes _____ No ___x__

8. **Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education?** (Include only full institutional approval, not programmatic approval.) Yes _____ No __x__
9. If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, List the accreditation. No

10. Has any accreditation agency taken any final disciplinary action against this institution? (Indicate “yes” if the institution has had final disciplinary action taken against it by an accreditation agency; Indicate “no” no final action has been taken against the institution by an accreditation agency.) Yes _____ No _____ (If Yes, please submit a paper copy of the action refer to the Annual Report Completion Check Sheet.)

11. Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act? Yes _____ No ____x__

12. Does your institution participate in veteran's financial aid education programs?
   Yes _____ No __x____

13. Does your institution participate in the Cal Grant program?
   Yes _____ No ___x___

14. Is your institution on the California's Eligible Training Provider List (ETPL)?
   Yes x_____ No _______

15. Is your institution receiving funds from the Work Investment Act (WIA) Program?
   Yes_______ No___x______

16. Does your Institution participate in, or offer any additional financial aid program?
   Yes ______ No _____x_____ 

   If yes, please provide the name of the financial aid program. We have Private Student Loans.

17. What is the total amount of public funding received by your institution in 2012?
   $_______0______

18. If your institution reports a Cohort Default Rate to the U.S. Department of Education, enter the most recent three-year cohort default rate reported to the U.S. Department of Education for this institution (The Cohort Default Rate (CDR) represents the percentage of this institution’s students that failed to make required payments on their federal loans within three years of when they were required to begin repayment of that loan.) ___0__%.

19. The percentage of the students who attended this institution in 2012 who received federal student loans to help pay their cost of education at the school was ____0____%.
20. Number of Doctorate Degrees Offered? (Indicate the number of Doctorate degrees the institution offered for the reporting year.) _______0________

21. Number of Students enrolled in Doctorate level programs at this institution? (Indicate the number of students enrolled in all Doctorate programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) _______0________

22. Number of Master Degrees Offered? (Indicate the number of Master degrees the institution offered for the reporting year.) _______0________

23. Number of Students enrolled in Master level programs at this institution? (Indicate the number of students enrolled in all Masters programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) _______0________

24. Number of Bachelor Degrees Offered? (Indicate the number of Bachelor degrees the institution offered for the reporting year.) _______0________

25. Number of Students enrolled in Bachelor programs at this institution? (Indicate the number of students enrolled in all Bachelor level programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) _______0________

26. Number of Associate Degrees Offered? (Indicate the number of associate degrees offered for the reporting year.) _______1________

27. Number of Students enrolled in associate programs at this institution? (Indicate the number of students enrolled in all associate programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) _______9________

28. Number of Diploma or Certificate Programs Offered? (Indicate the number of diploma or certificate programs offered during the reporting year.) _______1________

29. Number of Students enrolled in diploma or certificate programs at this institution? (Indicate the number of students enrolled in all diploma or certificate programs at your institution; number of students at the beginning of the year (enrolled/active students as of January 1) plus the number of students enrolling during the year (through December 31) minus the number of students who cancelled during the cancellation period.) _______2________
30. Institutions maintaining an internet web page are required to post on their website the most recent Annual Report submitted to the Bureau, Catalog, and School Performance Fact Sheet (CEC §94913). Please post the documents to your website prior to submitting the certification and provide the links to the institution’s Annual Report, Catalog, and School Performance Fact Sheet below. If the institution does not maintain an internet website, leave this space blank. The institution will be required to mail a Flash Drive or CD containing a copy of the Annual Report, Catalog, and School Performance Fact Sheet to the Bureau, please refer to the Completion Check Sheet and Certification.

Links

Institution’s Website: www.agapeschools.org
Annual Report: www.agapeschools.org
Catalog: www.agapeschools.org
School Performance Fact Sheet: www.agapeschools.org

Section #2– Information for Each Educational Program Offered at the Institution This section is to be filled out for each educational program offered at the institution. Complete one of these sections for each educational program offered at the institution (make copies as necessary.) If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report for Year 2012

2. Institution Code? (Indicate the Institution Code (If an institution has branch locations the institution code is the school code for the main location.) 46614809

3. Degree/Program Level? (Indicate the level of degree for the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, diploma) if the program is not a degree Indicate “diploma”.) Associate Degree

4. Degree/Program Title? (Indicate the title of the degree for the program you are entering e.g., Ph.D., Master of Science, Bachelor of Arts, Occupational Associate. If the program is not a degree, indicate the name of the certificate/diploma program.)

   Associate of Applied Science in Business Administration

5. Name of Program? (Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.)

   Business Administration
6. **Number of Degrees or Diplomas Awarded?** (Indicate the number of students receiving a degree or diploma for this program during the reporting year.) ____0________

7. **Total Charges for this program?** (Indicate the total charges for a student to complete the program within 100% of the program length. If the total charges fluctuated during the reporting year, indicate the highest amount charged for this program during the reporting year. Total charges include all amounts paid for the program. It includes books, uniforms or other charges if those charges are for costs that are required for participation in the educational program.) $__0______

8. **Number of Students Who Began the Program?** (Indicate the number of students who began the program who are scheduled to complete the program in the year being reported, 5 CCR §74112(b)(1). If the institution has a main campus with branches and/or satellites, add the number of students who began the program who are scheduled to complete the program in the year being reported for all locations offering this particular program and report the combined number.) __0______

9. **Students Available for Graduation?** (Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#8 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g).) ____0______

10. **Graduates?** (Of the students available for graduation (#9 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(b)(2).) ____0______

11. **Completion Rate?** (Indicate the number of graduates (from #10 above) divided by the number of students available for graduation (#9 above). A “rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(d).) 00

12. **150% Completion Rate?** (If the institution tracks 150% completion, indicate the number of students who completed the program after 100% of the published program length, but less than 151% of the published program length, divided by the number of students available for graduation ( #9 above) A “rate” is a mathematical calculation and should never be more than 100 (5 CCR §74112(d).) ______0________

13. **Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?** (Indicate “yes” if the information was taken from the data that was reported to IPEDS; Indicate “no” if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS.) Yes _____ No _____

(CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.)
14. **Graduates Available for Employment?** (Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f), and 5 CCR §74112(b)(2).) ______0_________.

15. **Graduates Employed in the Field?** (Number of graduates, (#14 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e), 5 CCR §74112(b)(3).) ______0_________.

16. **Placement Rate?** (Indicate the number of graduates employed in the field (#15 above) divided by the number of graduates available for employment (#14 above.) A “rate” is a mathematical calculation and should never be more than 100 (5 CCR §74112(e)(3).) 0

17. Graduates employed in the field of an average of less than 32 hours per week? 0

18. Graduates employed in the field an average of 32 or more hours per week? 0

*The total of #17 and #18 should not equal more than the answer for #15. Exam Passage Rate*

CEC §94929.5(b) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.

5 CCR §74112(f) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.

19. **Does this educational program lead to an occupation that requires licensing?**
   Yes _____ No ___x___

If “yes” please enter the name of the licensing entity that licenses this field.

If “no” you may skip to “Salary Data” below
First Data Year

20. Year? (Indicate the year for which you are reporting exam passage data. Two years data is required.) _____N/A__________

21. Name of Exam? (Provide the name of the exam being reported.)

22. Number of Students Taking Exam? (Enter the number of students completing the program within 150% of the program period who took the exam (CEC §94929.5(b) and 5 CCR §74112(f).) _____0__________

23. Number Who Passed the Exam? (Enter the number of students who took the exam and passed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).) _______0_______

24. Number Who Failed the Exam? (Enter the number of students who took the exam and failed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).)

25. Passage Rate? (Enter the passage rate for students who took the exam and passed it on the first attempt.) _________0______

26. Is This Data from the Licensing Agency that Administered the Exam? (5 CCR § 74112(f)) Yes _____ No _____ Name of Agency __________N/A___________________

27. If the response to #26 was “no” provide a description of the process used for Attempting to Contact Students. (If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(f). If more space is needed please attach an explanation and clearly mark it “Process for attempting to contact students.”)

Second Data Year

28. Year? (Indicate the year for which you are reporting exam passage data. Two years data is required.) ___N/A________

29. Name of Exam? (Provide the name of the exam being reported.)

30. Number of Students Taking Exam? (Enter the number of students completing the program within 150% of the program period who took the exam (CEC §94929.5(b) and 5 CCR. §74112(f).) ______0______

31. Number Who Passed the Exam? (Enter the number of students who took the exam and passed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).) 0

32. Number Who Failed the Exam? (Enter the number of students who took the exam for the first time and failed it (CEC §94929.5(b) and 5 CCR §74112(f).) 0

33. Passage Rate? (Enter the passage rate for students who took the exam and passed it on the first attempt.) _________0_______
34. Is This Data from the Licensing Agency that Administered the Exam? (5 CCR §74112(f)) Yes _____ No _____ Name of Agency __________N/A___________________

35. If the response to #26 was “no” provide a description of the process used for Attempting to Contact Students: (If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(f). If more space is needed please attach an explanation and clearly mark it “Process for attempting to contact students.”)

36. Do graduates have the option or requirement for more than one type of licensing exam? Yes _____ No ___x___ If “Yes” provide the names of other licensing exam options or requirements:

Salary Data - CEC §94929.5(c) requires the reporting of salary and wage information for graduates employed in the field in increments of $5,000.00.

37. Graduates Available for Employment? (Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d), (f), and 5 CCR §74112(b)(2).) __N/A_______

38. Graduates Employed in the Field? (Indicate the number of graduates who are gainfully employed within six months of graduation in a position for which the skills obtained through the education and training provided by the institution are required or provided a significant advantage to the graduate in obtaining the position (CEC §94928(e), and 5 CCR §74112(b)(3).) N/
39. Graduates Employed in the Field Reported receiving the following Salary or Wage:

(Enter the number of graduates employed in the field reporting to receive the annual salary between the lowest number indicated and the highest number indicated. Example: If a student reports that they are receiving $4,010.00 a year and a second student reports they are receiving $2,999.00 a year, enter the number “2” in the space next to $0 - $5,000.00, because there are 2 students who are receiving between $0-$5,000 a year.)

A number must be entered in all spaces. If the institution has zero students reporting a certain wage enter the number “0”.

Graduates Employed in the Field reported to be receiving the following Salary or Wage:

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.00 - $5,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$10,001.00 - $15,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$20,001.00 - $25,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$30,001.00 - $35,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$40,001.00 - $45,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$50,001.00 - $55,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$60,001.00 - $65,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$70,001.00 - $75,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$80,001.00 - $85,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>$90,001.00 - $95,000.00</td>
<td><strong>0</strong></td>
</tr>
<tr>
<td>Over $100,000.00</td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

Section #2 Certification Program– Information for Each Educational Program Offered at the Institution

This section is to be filled out for each educational program offered at the institution. Complete one of these sections for each educational program offered at the institution (make copies as necessary.) If an institution offers the same program at the main location and a branch location, add the data together and submit one number for the program being reported.

1. Report for Year 2012

2. Institution Code? (Indicate the Institution Code (If an institution has branch locations the institution code is the school code for the main location.) 46614809________________
3. **Degree/Program Level?** (Indicate the level of degree for the program you are entering, (e.g., Doctorate, Masters, Bachelor, Associate, diploma) if the program is not a degree Indicate “diploma.”) __ Diploma________

4. **Degree/Program Title?** (Indicate the title of the degree for the program you are entering e.g., Ph.D., Master of Science, Bachelor of Arts, Occupational Associate. If the program is not a degree, indicate the name of the certificate/diploma program.)

Business Administration Certificate/ Diploma Program

5. **Name of Program?** (Indicate the name of the program e.g., Business Administration, Cosmetology, Medical Assisting.)

Business Administration Certificate

6. **Number of Degrees or Diplomas Awarded?** (Indicate the number of students receiving a degree or diploma for this program during the reporting year.) ____0________

7. **Total Charges for this program?** (Indicate the total charges for a student to complete the program within 100% of the program length. If the total charges fluctuated during the reporting year, indicate the highest amount charged for this program during the reporting year. Total charges include all amounts paid for the program. It includes books, uniforms or other charges if those charges are for costs that are required for participation in the educational program.) __0______

8. **Number of Students Who Began the Program?** (Indicate the number of students who began the program who are scheduled to complete the program in the year being reported, 5 CCR §74112(b)(1). If the institution has a main campus with branches and/or satellites, add the number of students who began the program who are scheduled to complete the program in the year being reported for all locations offering this particular program and report the combined number.) __0______

9. **Students Available for Graduation?** (Indicate the number of students available for graduation for the program being reported. This number should be the number of students who began the program (#8 above) minus the number of students who have died, been incarcerated or been called to active military duty (CEC §94928(f) & (g).) __0______

10. **Graduates?** (Of the students available for graduation (#9 above), indicate the number of students who completed the program within 100% of the published program period within the calendar year being reported (5 CCR §74112(b)(2).) __0______

11. **Completion Rate?** (Indicate the number of graduates (from #10 above) divided by the number of students available for graduation (#9 above). A “rate” is a percentage and should never be more than 100% (CEC §94929(a), 94928(f) & (g), and 5 CCR §74112(d).) 00

12. **150% Completion Rate?** (If the institution tracks 150% completion, indicate the number of students who completed the program after 100% of the published program length, but less than 151% of the published program length, divided by the number of students available for
A “rate” is a mathematical calculation and should never be more than 100 (5 CCR §74112(d).) ______0_________

13. Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education? (Indicate “yes” if the information was taken from the data that was reported to IPEDS; Indicate “no” if it was not. If this institution does not participate in Title IV financial aid programs it most likely does not report to IPEDS.) Yes _____ No _____

CEC § 94929.5 requires institution report placement data for every program that is designed or advertised to lead to a particular career, or advertised or promoted with any claim regarding job placement.

14. Graduates Available for Employment? (Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d) & (f), and 5 CCR §74112(b)(2).) ______0________

15. Graduates Employed in the Field? (Number of graduates, (#14 above) who are gainfully employed in a single position for which the institution represents the program prepares its graduates within six months after a student completes the applicable educational program. For occupations for which the state requires passing an examination, the period of employment shall begin within six months of the announcement of the examination results for the first examination available after a student completes an applicable educational program (CEC §94928(e), 5 CCR §74112(b)(3).) ______0________

16. Placement Rate? (Indicate the number of graduates employed in the field (#15 above) divided by the number of graduates available for employment (#14 above.) A “rate” is a mathematical calculation and should never be more than 100 (5 CCR §74112(e)(3).) 0

17. Graduates employed in the field of an average of less than 32 hours per week? 0

(Indicate the number graduates employed an average of less than 32 hours per week.)

18. Graduates employed in the field an average of 32 or more hours per week? 0

(Indicate the number of graduates employed an average of 32 or more hours per week.)

The total of #17 and #18 should not equal more than the answer for #15. Exam Passage Rate

CEC §94929.5(b) requires the institution to report two years of exam passage data for graduates taking the exam for the first time that the examination is available after completion of the educational program. The exam passage data should be as reported by the appropriate state agency.
5 CCR §74112(f) requires the institution to collect the exam passage data directly from its graduates if the exam passage data is not available from the licensing agency.

19. Does this educational program lead to an occupation that requires licensing?
   Yes _____ No ___x___
   If “yes” please enter the name of the licensing entity that licenses this field.

   If “no” you may skip to “Salary Data” below

First Data Year

15. **Year?** (Indicate the year for which you are reporting exam passage data. Two years data is required.) _____ N/A ___________

16. **Name of Exam?** (Provide the name of the exam being reported.)

17. **Number of Students Taking Exam?** (Enter the number of students completing the program within 150% of the program period who took the exam (CEC §94929.5(b) and 5 CCR §74112(f).) _____ 0 _____________

18. **Number Who Passed the Exam?** (Enter the number of students who took the exam and passed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).) _____ 0 _____________

19. **Number Who Failed the Exam?** (Enter the number of students who took the exam and failed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).)

20. **Passage Rate?** (Enter the passage rate for students who took the exam and passed it on the first attempt.) __________ 0 __________

21. **Is This Data from the Licensing Agency that Administered the Exam?** (5 CCR §74112(f)) Yes _____ No _____ Name of Agency __________ N/A _____________

22. If the response to #26 was “no” provide a description of the process used for Attempting to Contact Students. (If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(f). If more space is needed please attach an explanation and clearly mark it “Process for attempting to contact students.”)

Second Data Year

23. **Year?** (Indicate the year for which you are reporting exam passage data. Two years data is required.) __ N/A __________

24. **Name of Exam?** (Provide the name of the exam being reported.)
25. **Number of Students Taking Exam?** (Enter the number of students completing the program within 150% of the program period who took the exam (CEC §94929.5(b) and 5 CCR §74112(f).) _____0____

26. **Number Who Passed the Exam?** (Enter the number of students who took the exam and passed it on the first attempt (CEC §94929.5(b) and 5 CCR §74112(f).) 0

27. **Number Who Failed the Exam?** (Enter the number of students who took the exam for the first time and failed it (CEC §94929.5(b) and 5 CCR §74112(f).) 0

28. **Passage Rate?** (Enter the passage rate for students who took the exam and passed it on the first attempt.) _______0_______

29. **Is This Data from the Licensing Agency that Administered the Exam?** (5 CCR §74112(f)) Yes _____ No _____ Name of Agency __________N/A___________________

30. **If the response to #26 was “no” provide a description of the process used for Attempting to Contact Students:** (If the information for the exam passage data was collected directly from the students by the institution provide a description of the process used for attempting to contact students (5 CCR §74112(f). If more space is needed please attach an explanation and clearly mark it “Process for attempting to contact students.”)

31. **Do graduates have the option or requirement for more than one type of licensing exam?** Yes _____ No __x___ If “Yes” provide the names of other licensing exam options or requirements:

**Salary Data - CEC §94929.5(c) requires the reporting of salary and wage information for graduates employed in the field in increments of $5,000.00.**

32. **Graduates Available for Employment?** (Indicate the number that is the remainder of the number of graduates (#10 above) minus the number of graduates that either died, became incarcerated, were called in to active military duty, were international students that left the United States or did not have a visa allowing employment in the United States or, are continuing their education in an accredited or bureau-approved postsecondary institution (CEC §94928(d), (f), and 5 CCR §74112(b)(2).) ___N/A______

33. **Graduates Employed in the Field?** (Indicate the number of graduates who are gainfully employed within six months of graduation in a position for which the skills obtained through the education and training provided by the institution are required or provided a significant advantage to the graduate in obtaining the position (CEC §94928(e), and 5 CCR §74112(b)(3).) N/

34. **Graduates Employed in the Field Reported receiving the following Salary or Wage:**

(Enter the number of graduates employed in the field reporting to receive the annual salary between the lowest number indicated and the highest number indicated. Example: If a student reports that they are receiving $4,010.00 a year and a second student reports they are receiving
Agape College of Business and Science

p:559 486-1166  f:5594861199  www.agapeschools.org

$2,999.00 a year, enter the number “2” in the space next to $0 - $5,000.00, because there are 2 students who are receiving between $0-$5,000 a year.)

A number must be entered in all spaces. If the institution has zero students reporting a certain wage enter the number “0”.

Graduates Employed in the Field reported to be receiving the following Salary or Wage:

$0.00 - $5,000.00 ___0___ $5001.00 – $10,000.00 _____
$10,001.00 - $15,000.00 _0__ $15,001.00 - $20,000.00 _0__
$20,001.00 - $25,000.00 _0__ $25,001.00 - $30,000.00 _0__
$30,001.00 - $35,000.00 _0__ $35,001.00 - $40,000.00 _0__
$40,001.00 - $45,000.00 _0__ $45,001.00 - $50,000.00 _0__
$50,001.00 - $55,000.00 _0__ $55,001.00 - $60,000.00 _0__
$60,001.00 - $65,000.00 _0__ $65,001.00 - $70,000.00 _0__
$70,001.00 - $75,000.00 _0__ $75,001.00 - $80,000.00 _0__
$80,001.00 - $85,000.00 _0__ $85,001.00 – $90,000.00 _0__
$90,001.00 - $95,000.00 _0__ $95,001.00 - $100,000.00 _0__
Over $100,000.00 _____0____

Section #3 - Annual Report branch locations complete one form for each branch. If the Institution has no branch locations indicate “0” and skip to the check sheet. ___0___

1. Report for Year 2012
2. Institution Code Indicate the Institution Code _____ 46614809_____
3. Branch Location (California locations only) N/A

Street Address, City, State, Zip Code

**Save document to your computer, cd, or flash**
Check Sheet and Certification

Print a copy of this Completion Check Sheet. The certification must be signed by a responsible officer of the institution. Please keep a copy for your records. Return this Completion Check Sheet and Certification with the following documents:

Paper Copy Confidential Documents: Must submit paper copy only.
- A current compiled, reviewed or audited Financial Statement * as required pursuant to 5 CCR §74115. Tax returns and/or bank statements will not be accepted.

Electronic Copy Public Documents: All documents contained on the CD or flash drive will be posted to the Bureau’s website. The institution must take precaution to ensure that no confidential data, such as financial statements or students’ personal information, is contained within these documents on the CD or flash drive.

- Please provide the following document on a Flash Drive or CD:
  - Student Performance Fact Sheet (unless a link to it is provided in the Annual Report)
  - 2012 School Catalog (unless a link to it is provided in the Annual Report)
  - United States Department of Education final administrative actions (if any),
  - Accreditation agency formal disciplinary actions (if any),
  - A list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates (CEC §94910(f)(2))
  - A list of the objective sources of information used to substantiate the salary disclosure (CEC §94910(f)(3))

Name of Institution _______ Agape College of Business & Science _______

Institution Code _______________ 46614809 __________________

Address of Institution _______ 1313 P Street #205 _______________

City/State/Zip Code _____ Fresno, Ca 93721 ______________________

Name Responsible Officer and Contact Telephone Number/Email (please print or type)

Linda Washington, Dean of Schools

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report and on the Flash Drive or CD; the information contained on the Flash Drive or CD may not include any confidential information.
I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

___________________________                          _______________
(Signature of Responsible Officer) (Date)

Linda Washington, Dean of Schools
Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: 10/11/2013

Mail the required Documents, CD and/or flash drive along with this sheet to:

The Bureau for Private Postsecondary Education P.O. Box 980818 West Sacramento, CA 95798-0810

Or

2535 Capitol Oaks Dr., Suite 400 Sacramento, CA 95833

* “Current” with respect to financial statements means completed no sooner than 120 days prior to the time it is submitted to the Bureau, and covering no less than the most recent completed fiscal year (5 CCR 74115(d).) The institution is required pursuant to 5 CCR §74115(b)(2) to submit compiled statements, however an institution may substitute reviewed or audited statements if the institution so desires.