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### **BPPE Annual Report for 2014 - Institution**

**Tracking Number:** 20151231121637

**Report for Year:** 2014

**Institution Name:** California Victor University

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 22716

**Street Address (Physical Location):** 2495 E. Orangethorpe Ave.

**City:** Fullerton

**State:** California

**Zip Code:** 92831

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 0

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:** yes

**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:** no

**If you answered yes to the question above, please identify the accrediting agency:**

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:** N/A

**Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.:** no

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?: no**

**What is the total amount of Title IV funds received by your institution in 2014?:**

**Does your institution participate in veteran's financial aid education programs?: no**

**What is the total amount of veteran's financial aid funds received by your institution in 2014?:**

**Does your institution participate in the Cal Grant program?: no**

**What is the total amount of Cal Grant funds received by your institution in 2014?:**

**Is your institution on the California Eligible Training Provider List (ETPL)?: no**

**Is your institution receiving funds from the Work Investment Act (WIA) Program?: no**

**What is the total amount of WIA funds received by your institution in 2014?:**

**Does your institution participate in, or offer any additional financial aid program? no**

**If yes, please indicate the name of the financial aid program:**

**If your institution reports a Cohort Default Rate to the US Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution: N/A**

**The percentage of students who in 2014 received federal student loans to help pay their cost of education at the school was: N/A**

**The percentage of institutional income in 2014 that was derived from public funding.: 0**

**Number of Doctorate Degrees Offered: 0**

**Number of Students enrolled in Doctorate level programs at this Institution: 0**

**Number of Master Degrees Offered: 2**

**Number of Students enrolled in Master level programs at this institution: 0**

**Number of Bachelor Degrees Offered: 0**

**Number of Students enrolled in Bachelor level programs at this institution: 0**

**Number of Associate Degrees Offered: 0**

**Number of Students enrolled in Associate I programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 0**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 0**

**Link to your Institution website:** <http://www.cavictorun.org/>

**Link to your Performance Fact Sheet if it appears on your website:**

[http://media.wix.com/ugd/fba9e3\\_08fad94296ad4779a75ed62af3921b72.pdf](http://media.wix.com/ugd/fba9e3_08fad94296ad4779a75ed62af3921b72.pdf),

[http://media.wix.com/ugd/fba9e3\\_14b24dcd1ca94295891e88ad88691a63.pdf](http://media.wix.com/ugd/fba9e3_14b24dcd1ca94295891e88ad88691a63.pdf)

**Link to your Catalog if it appears on your website:**

[http://media.wix.com/ugd/fba9e3\\_14014c49f4dc4faf98a4f6fef05ec239.pdf](http://media.wix.com/ugd/fba9e3_14014c49f4dc4faf98a4f6fef05ec239.pdf)

**Link to your Annual Report if it appears on your website:**

[http://media.wix.com/ugd/fba9e3\\_5f2daf244b08411290804cf5d7fd6d6d.pdf](http://media.wix.com/ugd/fba9e3_5f2daf244b08411290804cf5d7fd6d6d.pdf)



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### **BPPE Annual Report for 2014 – Programs**

**Tracking Number:** 20151231122431

**Report for Year:** 2014

**Institution Code:** 22716

#### **INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Master

**If Other, please specify:**

**Degree/Program Title:** MasterBusinessAdmin

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or  
Other was chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Business  
Administration

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 14450

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0

**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?:**

no

## **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field an average of less than 32 hours per week: 0**

**Graduates employed in the field an average of 32 or more hours per week: 0**

## **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Students Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Students Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000.00: 0**

**\$5,001.00 - \$10,000.00: 0**

**\$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**

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### **BPPE Annual Report for 2014 – Programs**

**Tracking Number:** 20151231123024

**Report for Year:** 2014

**Institution Code:** 22716

#### **INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION**

**Degree/Program Level:** Master

**If Other, please specify:**

**Degree/Program Title:** OtherMaster

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or  
Other was chosen, please specify:** Master of Divinity

**Name of Program (e.g. Business Administration, Massage, etc.):** Ministry

**Number of Degrees or Diplomas Awarded:** 0

**Total Charges for this program (Report whole dollars only):** \$ 23400

**Number of Students Who Began the Program:** 0

**Students Available for Graduation:** 0

**Graduates:** 0

**Completion Rate:** 0

**150% Completion Rate:** 0

**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?:**

no

**PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field an average of less than 32 hours per week: 0**

**Graduates employed in the field an average of 32 or more hours per week: 0**

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: no**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Students Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Students Taking Exam:**

**Number Who Passed the Exam:**

**Number Who Failed the Exam:**

**Passage Rate:**

**Is this data from the licensing agency that administered the exam?:**

**Name of Agency:**

**If the response was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

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

**\$0 - \$5,000.00: 0**

**\$5,001.00 - \$10,000.00: 0**

**\$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**



Department of Consumer Affairs

## Bureau for Private Postsecondary Education

You can now [Print this page](#) for your records.

After printing, you can proceed to enter in additional [Branch](#) data .....OR if you are finished, please fill out and print the [Annual Report Completion Check Sheet](#) (which must be mailed in to the Bureau).

### **BPPE Annual Report for 2014 – Branch Locations**

**Tracking Number:** 20151231123328

**Report for Year:** 2014

**Institution Name:** California Victor University

**Institution Code:** 22716

**Branch Address:** 0

**Branch City:** 0

**Branch State:** California

**Branch Zip Code:** 00000

**Annual Report  
Completion 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)
  - 2014 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 California Victor university

Institution Code Ed#22716

Address of Institution 2495 E. Orangethorpe Ave.

City/State/Zip Code Fullerton, CA 92831

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

Victor Ben Hong 714-738-1461 mtsinaics@naver.com

**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)

12/31/2015

\_\_\_\_\_  
(Date)

Victor Ben Hong President

Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: 12/31/2015

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.