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History, Growth and Development of Luna Goco Colleges, Inc. (LGC) as Basis for a Universityhood Plan

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ABSTRACT :

This documentary-historical study traced the development of Luna Goco Colleges, Inc. (LGC) from its opening as the AVG School of Midwifery in 1987 to its institutional position in 2026, and examined how that history may inform a realistic universityhood plan. Institutional histories, program records, licensure reports, partnership files, quality-assurance documents, and public records were arranged chronologically and reviewed across eight areas of institutional capacity. The record shows a consistent health-professions foundation, early gains in professional licensure performance, gradual program diversification, wider clinical and community partnerships, and more recent recognition in innovation and internationalization. These achievements provide a credible foundation, but they do not by themselves establish readiness for university status. LGC still needs an integrated internal quality-assurance system, verified longitudinal data, a stronger research and graduate-education base, a sustained faculty-development program, and documented evidence of financial and institutional capacity. A five-phase plan is therefore proposed: validate the institutional baseline, consolidate quality systems, strengthen research and graduate capacity, deepen partnerships and internationalization, and undertake an independent readiness review before any formal application. The study concludes that LGC's history can support universityhood when its accomplishments are converted into measurable, independently verifiable, and sustainable institutional outcomes.

Keywords: institutional history; higher education development; quality assurance; strategic planning; universityhood

Introduction

Higher education institutions often pursue university status after years of program growth, professional licensure performance, community engagement, and organizational maturation. The transition, however, is not a ceremonial change of name. It requires evidence that an institution can sustain high-quality instruction, generate and apply knowledge through research, support advanced and graduate education, maintain sound governance, and demonstrate public relevance. Contemporary quality-assurance literature likewise treats institutional development as an integrated system in which leadership, internal quality assurance, data use, stakeholder participation, and continuous improvement reinforce one another (UNESCO, 2024a, 2024b).

In the Philippine setting, private higher education institutions operate under the regulatory authority of the Commission on Higher Education (CHED). Recent CHED policies emphasize outcomes-based quality, recognized program compliance, faculty and institutional capacity, evidence of excellence, and sustained quality-assurance mechanisms. CHED's current framework for autonomous and deregulated status and its standards for Centers of Excellence are particularly relevant benchmarks because they reward mature institutions that demonstrate strong governance, instruction, research, extension, internationalization, and graduate outcomes (Commission on Higher Education [CHED], 2025a, 2025b). Although these recognitions are not identical to university conversion, they provide useful indicators of institutional maturity for a universityhood plan.

Luna Goco Colleges, Inc. began in 1987 as the AVG School of Midwifery. Its development was shaped by the founders' aspiration to build an educational environment for families in Mindoro and by the province's need for trained health professionals. Over nearly four decades, the institution expanded its academic offerings, clinical networks, community programs, and external visibility. Its 2025 inclusion in the World University Rankings for Innovation (WURI) and its recognition by CHED MIMAROPA created a timely opportunity to examine how historical achievements can be transformed into a coherent institutional pathway toward university status (CHED MIMAROPA, 2025).

The central problem is that an institutional history may describe achievements without showing how those achievements collectively demonstrate readiness for a more complex academic mandate. A universityhood plan needs a defensible baseline: what LGC has accomplished, which institutional capacities have developed, which evidence must be validated, and which gaps require strategic investment. This study therefore connects historical analysis with forward planning rather than treating institutional history as a commemorative narrative alone.

Objectives of the Study

The study aimed to: (1) reconstruct the major historical milestones of LGC from 1987 to 2026; (2) analyze patterns of growth in academic programs, professional outcomes, partnerships, student support, quality assurance, research, internationalization, and community engagement; (3) identify institutional strengths and readiness gaps relevant to university status; and (4) propose a phased, measurable universityhood plan grounded in LGC's vision, mission, philosophy, and documented development.

Conceptual Lens

The analysis used an institutional-capacity lens organized around eight interacting domains: governance and mission; academic portfolio; faculty capability; research and innovation; student development and access; quality assurance; partnerships and internationalization; and resources and sustainability. This lens reflects UNESCO's view that quality higher education depends on leadership, equitable access, internal quality systems, relevant research, and accountable improvement (UNESCO, 2024a, 2024b). It also aligns with current CHED directions that recognize institutional performance through documented outcomes rather than inputs alone (CHED, 2025a, 2025b).

Methods

Research Design

The study employed a qualitative documentary-historical research design combined with strategic institutional analysis. Documentary-historical inquiry was appropriate because the principal evidence consisted of institutional records and narratives that described changes across time. The strategic component extended the analysis by interpreting the historical record against contemporary expectations for institutional quality, sustainability, and university-level performance.

Sources of Data

Primary institutional sources included the official history supplied by LGC, program-opening and recognition records, reported licensure outcomes, clinical affiliation records, community and scholarship program records, quality-assurance activities, statements of vision, mission, and philosophy, and records of awards and rankings. Public sources were used to contextualize and, where possible, corroborate time-sensitive claims. These included CHED issuances and public notices, the CHED MIMAROPA announcement on the 2025 WURI results, UNESCO publications on higher education leadership and quality assurance, and a published report on LGC's 2026 accreditation preparations.

Data Analysis

Analysis proceeded in four stages. First, events were arranged chronologically and checked for internal consistency. Second, milestones were coded under the eight institutional-capacity domains. Third, recurring development patterns were identified, including health-professions specialization, program diversification, access and service, licensure performance, external partnerships, and quality-assurance maturation. Fourth, the evidence was translated into a readiness matrix that distinguished established strengths, emerging capacities, and priority gaps. The proposed universityhood plan was then developed from the priority gaps and organized into measurable phases.

Trustworthiness and Limitations

Source triangulation was used whenever an external public record was available. Dates, program names, board-performance figures, and affiliations originating only from LGC records are reported as institutional documentary evidence and should be verified against permits, government recognition documents, Professional Regulation Commission records, memoranda of agreement, and certified board resolutions before submission to CHED or an accrediting body. The study did not include interviews, enrollment trend datasets, audited financial statements, faculty qualification inventories, research-output counts, or employer and graduate outcome surveys. Consequently, the plan is a strategic foundation rather than a certification of regulatory eligibility.

Results and Discussion

Institutional Origins and Early Credibility from 1987 to 1991

LGC traces its origin to the educational vision of Dr. Ma. Emelita C. Luna-Goco and Dr. Augusto Valencia Goco. In 1987, the vision became the AVG School of Midwifery, which opened with 81 pioneering students in response to the need for health professionals in Oriental Mindoro. After its initial year, the school adopted the name Luna Goco Medical Center and Colleges to honor its founders; it later became known as Luna Goco Colleges, Inc. The sequence shows that LGC's identity was linked from the beginning to health education, local service, and founder-led institutional development.

The first 50 midwifery graduates completed the program in 1989. Institutional records report a 100 percent passing rate in the Midwifery Board Examination, with two graduates placing 12th and 16th nationally. In 1990, all 33 graduates reportedly passed, while two placed 15th and 19th. In the following examination cycle, two examinees reportedly ranked 2nd and 6th. These early outcomes gave the young institution legitimacy and created a performance-based reputation. For a universityhood narrative, these results are important not simply as awards but as early evidence of academic standards, faculty commitment, student preparation, and institutional confidence. Certified PRC school-performance reports should be assembled to substantiate the historical series.

Institutional expansion began early. A preschool was established in 1989, and a Nursing Aide course responded to demand for healthcare workers locally and abroad. LGC also opened the Bachelor of Science in Nursing with 54 enrollees and subsequently reported commendable licensure results, including 100 percent performance in certain examination cycles. The development pattern was demand-responsive: the institution observed regional workforce needs and used its emerging health-education capability to create new learning pathways.

Clinical Partnerships and Practice Based Education

LGC strengthened professional preparation through clinical affiliations. Within Mindoro, reported partners included the Oriental Mindoro Provincial Hospital and Luna Goco Medical Center. In Metro Manila, affiliations included the National Kidney and Transplant Institute, Lung Center of the Philippines, Philippine Heart Center, Philippine Orthopedic Center, National Center for Mental Health, San Lazaro Hospital, and Dr. Jose Fabella Memorial Hospital. These partnerships expanded the range of clinical cases, specialized facilities, and professional environments available to students. In a universityhood plan, the affiliations can support instruction, applied research, faculty immersion, interprofessional education, and community-health innovation, provided that agreements remain active and learning outcomes are systematically evaluated.

Access Social Mission and Student Support

In February 1992, LGC launched the Adopt a Poor Student for Education program. The initiative expressed the institution's commitment to widening educational access for financially disadvantaged Manderinos and invited community participation in student support. This effort is consistent with LGC's mission to create educational opportunities and develop active citizens dedicated to God and community. It also anticipates contemporary emphasis on inclusive and equitable higher education, where access must be supported by retention, well-being, engagement, and completion systems rather than admission alone (UNESCO, 2026).

The 2025 WURI category result for Student Support and Engagement provides external visibility for this long-standing orientation. LGC was reported 94th in the A1 category, while its overall placement was 342nd. The recognition suggests that student-centered practice is a differentiating institutional strength. The next developmental step is to connect programs to outcome indicators such as scholarship reach, retention, completion, licensure success, graduate employment, student satisfaction, and participation of underserved groups.

Program Diversification and Multidisciplinary Growth

Program diversification moved LGC beyond its initial midwifery identity. The Bachelor of Laws was launched in 1994, followed by additional offerings in elementary education, computer science, radiologic technology, and seafarer deck rating. The Bachelor of Science in Social Work followed in 1995, and the Bachelor of Science in Criminology in 2005. The Medical Technology program opened in 2010 and received government recognition in 2013. Institutional records also identify Pharmacy and Nutrition and Dietetics as later additions to the health-science portfolio. In 2024, the Bachelor of Science in Midwifery replaced the former Graduate in Midwifery route, consistent with CHED's contemporary policies and standards for the degree program (CHED, 2023).

Professional outcomes remained part of the institutional identity. LGC records cite strong licensure performance across several programs and a ninth-place result in the Radiologic Technologist Licensure Examination in May 2021. The significance of this growth lies in the formation of complementary disciplinary clusters. Nursing, midwifery, medical technology, pharmacy, nutrition and dietetics, radiologic technology, physical therapy, and respiratory therapy can form a coherent health-sciences ecosystem. Social work, criminology, teacher education, computing, and law extend the institution's public-service and community-development capacity.

The institution has pursued or considered further expansion. Applications were made in 2024 for BS Respiratory Therapy and BS Physical Therapy. In 2025, LGC initiated action to reopen legal education through a Juris Doctor program. Proposed future programs include Development Communication, Forensic Science, Sanitary Engineering, Tourism Management, Hospitality Management, Chemistry, and Juris Doctor. Expansion can strengthen university breadth, but it also creates risks if laboratories, faculty, library resources, practicum sites, enrollment demand, and financial sustainability are not demonstrated. CHED's current program-approval and quality frameworks require institutions to align offerings with standards, resources, and measurable outcomes (CHED, 2025c, 2025d).

Chronological Synthesis of Institutional Development

The institutional record begins in 1987, when the AVG School of Midwifery opened with 81 students and established LGC's initial role in regional health-workforce development. By 1989, the school had produced its first 50 midwifery graduates. Institutional records describe a 100 percent board-examination passing rate and the placement of two graduates among the national examinees. The same period brought a preschool, a Nursing Aide course, and the Bachelor of Science in Nursing. Taken together, these developments gave the young institution early credibility and allowed it to move beyond a single-program operation.

That performance-based identity continued in 1990 and 1991 through successive reported 100 percent midwifery results and additional national placers. In 1992, the Adopt a Poor Student for Education program added an explicit access and equity dimension by involving the community in the education of financially disadvantaged learners. From 1994 to 2005, LGC broadened its academic portfolio through law, teacher education, computer science, radiologic technology, maritime rating, social work, and criminology. Medical Technology opened in 2010 and later received government recognition in 2013, further strengthening the institution's diagnostic health-science offerings.

External performance visibility reappeared in 2021 when an LGC examinee reportedly placed ninth in the Radiologic Technologist Licensure Examination. In 2024, the institution launched the Bachelor of Science in Midwifery and filed applications for Respiratory Therapy and Physical Therapy, signaling a renewed effort to modernize and expand its allied-health cluster. The year 2025 brought an overall WURI rank of 342, category recognitions, a CHED commendation for internationalization, and an initiative to reopen legal education through a Juris Doctor program. In 2026, PACUCOA orientation involving eight programs marked a more formal move toward external quality assurance. Viewed as a whole, the chronology shows development through several connected stages: health-professions formation, licensure-based credibility, diversification, access and partnership building, international visibility, and the gradual institutionalization of quality assurance.

Innovation Internationalization and External Recognition

In July 2025, LGC entered the WURI Global Top 400 at 342nd place. CHED MIMAROPA publicly identified LGC and Palawan State University at this rank among 545 participating colleges and universities (CHED MIMAROPA, 2025). Institutional records further report category placements of 94th in Student Support and Engagement, 66th in Crisis Management, and 34th in Global Challenges. The institution also received a CHED Certificate of Commendation during the 2025 Internationalization Champions of Nation-Building and Sustainability Awards. These recognitions indicate emerging visibility in innovation and internationalization, but their long-term institutional value will depend on whether LGC embeds the recognized practices in policy, budgets, monitoring systems, research outputs, and partnerships.

Current internationalization practice increasingly involves curriculum internationalization, collaborative research, faculty and student mobility, virtual exchange, intercultural learning, and multi-measure assessment of outcomes (UNESCO, 2024c). LGC can therefore use its WURI and CHED recognition as an entry point rather than an endpoint. A formal internationalization strategy should define priority countries and institutions, partnership criteria, student safeguards, credit recognition, research collaboration targets, and annual outcomes.

Quality Assurance and Accreditation Readiness

LGC conducted a two-day PACUCOA accreditation orientation on June 18 and 19, 2026. The activity covered eight academic programs, including Nursing, Pharmacy, Medical Technology, Criminology, and Radiologic Technology, and engaged faculty, students, alumni, and other stakeholders. The orientation marked a shift from informal quality traditions toward systematic accreditation preparation. A July 2026 public report similarly described LGC's effort to strengthen accreditation, academic quality, research, internationalization, and community engagement (The Manila Times, 2026).

Accreditation readiness requires more than assembling documents shortly before a visit. UNESCO's benchmarking guidance treats internal and external quality assurance as complementary processes involving self-assessment, peer review, performance indicators, stakeholder feedback, and continuing improvement (UNESCO Institute for Information Technologies in Education [UNESCO IITE], 2023). LGC should therefore establish a permanent internal quality-assurance office, a documented cycle for program review, institutional dashboards, evidence repositories, corrective-action monitoring, and regular academic audits. This structure would support accreditation while also improving everyday decision-making.

Alignment of Institutional Identity with Universityhood

Vision

To be a source of holistic educational experiences, enabling students to lead lives of choice, purpose, service, and integrity as well-rounded individuals.

Mission Statement

Luna Goco Colleges shall provide opportunities for education and training in the students' chosen fields, developing them into active citizens who contribute to improving the quality of life—dedicated to the service of God and the community.

Philosophy

The school accepts as its primary functions the pursuit of education, research, and service to humanity. Based on these, the following statements of philosophy of life and education have been established:

1. God created man in His image.
2. Man is a rational, social, and spiritual being composed of body and soul, endowed with intellect, and therefore capable of seeking, attaining, and enjoying truth.
3. A society with democratic values is dynamic and composed of people with varying ideologies and cultures, who must be treated equally regardless of race, creed, socio-economic status, or political beliefs.
4. Education is a continuous, self-realizing process that embraces all experiences through which a person assimilates knowledge, develops his or her potential, and establishes moral values, enabling an understanding and appreciation of the purpose of life.
5. Students are unique individuals with intellectual, physical, emotional, spiritual, and social needs, and the educational program should provide for these needs.
6. Students learn best through participation in a friendly, democratic environment where all individuals involved share in the accomplishment of goals.
7. The curriculum endeavors to promote self-activity through learning experiences that include reflective thinking, perceptual experiences, and problem-solving.

For the values statements to guide institutional transformation, they must be operationalized. Each strategic goal should specify outcomes, responsible offices, resources, timelines, and evidence. Holistic education can be measured through graduate attributes and student-development outcomes; service can be measured through extension reach and impact; integrity can be embedded in research ethics and governance; and participation can inform shared decision-making. The transition to university status will be credible when the vision, mission, and philosophy are visible in curriculum, resource allocation, research priorities, faculty evaluation, partnerships, and student experience.

University Readiness Assessment

Narrative Assessment of University Readiness

LGC's mission and identity constitute its most stable point of reference. Its service-oriented philosophy and health-professions heritage are evident across the institutional record. For universityhood, however, these commitments must be expressed as measurable graduate attributes and institutional outcomes. The academic portfolio has become multidisciplinary and includes both established and proposed offerings. Any further expansion should follow documented studies of demand, regulatory compliance, faculty availability, facilities, and long-term financial sustainability.

Faculty capability is supported indirectly by the institution's history of professional instruction and licensure success, yet a university application will require verified evidence of faculty qualifications, scholarship, research participation, professional credentials, succession, and retention. Research and innovation have gained visibility through WURI and through the institution's stated commitment to research. The priority is to move from recognition and intent to a funded research agenda supported by research ethics, incentives, indexed or otherwise credible outputs, utilization records, and impact monitoring.

Quality assurance is emerging through PACUCOA orientation and stakeholder participation. It now needs a permanent internal quality-assurance structure, regular program review, institutional dashboards, controlled evidence management, corrective-action tracking, and realistic accreditation schedules. Student development benefits from LGC's long history of access support and its WURI recognition for student engagement. Readiness evidence should nevertheless include retention, completion, employment, licensure, well-being, equity, and satisfaction data reported over time.

The institution's clinical affiliations and early internationalization activities give it a strong partnership base. LGC should audit which agreements remain active and specify the research, training, mobility, clinical, extension, or service outputs expected from each partnership. Finally, long institutional continuity and sustained founder-led commitment provide a foundation for governance and resource development. University-level operations will require stronger governance arrangements, enterprise risk management, reliable digital information systems, adequate facilities, and multiyear financial planning. The readiness assessment therefore points to a central conclusion: LGC possesses credible institutional strengths, but universityhood depends on converting those strengths into coordinated systems and verifiable results.

The assessment indicates that LGC's strongest foundations are institutional continuity, regional relevance, health-science specialization, professional preparation, community orientation, and recent innovation recognition. The most consequential gaps are not necessarily the absence of activities but the absence of integrated, validated, longitudinal evidence. Universityhood requires LGC to demonstrate that quality is systemic, research is productive and useful, graduate and professional education are sustainable, governance is robust, and institutional outcomes are consistently measured.

Proposed Universityhood Plan

Narrative Five Phase Universityhood Plan

Phase 1, proposed for 2026 to 2027, should establish and validate the institutional baseline. LGC should organize a Universityhood Steering Committee, verify its historical and regulatory records, seek a legal and regulatory review with CHED, and inventory its permits, faculty, facilities, research, finances, enrollment, and outcomes. The phase should end with an approved baseline report, a complete compliance register, and an institutional data dictionary. These outputs will prevent later planning from relying on inconsistent or unsupported records.

Phase 2, covering 2027 to 2028, should consolidate the institution's quality systems. The principal work includes establishing an internal

quality-assurance office, completing program self-surveys, building a controlled evidence repository, implementing outcome dashboards and a risk register, and requiring annual program review. Progress should be demonstrated by an operational internal quality-assurance system, the submission of priority programs for accreditation, and documented closure of corrective actions.

Phase 3 may run from 2027 to 2029 and should strengthen research and graduate-education capacity. LGC should adopt and fund a research agenda, reinforce research ethics review, develop viable research centers, increase the number and participation of postgraduate-qualified faculty, and study the feasibility of sustainable graduate programs. Evidence of completion should include research outputs and documented utilization, an active ethics system, a qualified faculty pipeline, and approved feasibility studies for proposed graduate offerings.

Phase 4, proposed for 2028 to 2030, should deepen partnerships and internationalization. Existing affiliations should be converted into defined research, mobility, training, clinical, extension, and service projects. A formal internationalization strategy should guide partner selection and protect academic quality, while community programs should be subjected to outcome and impact evaluation. Active outcome-based memoranda of agreement, joint outputs, mobility or virtual-exchange records, and documented extension impact should serve as the principal evidence.

Phase 5, proposed for 2030 to 2031, should determine whether LGC is ready to apply. An independent mock review should test compliance and institutional performance; unresolved gaps should then be closed before the governing board acts. LGC should consult both CHED MIMAROPA and the appropriate central offices and assemble the documentary submission only after eligibility has been confirmed. The phase should produce an independent readiness report, a completed evidence portfolio, and, when warranted, a formally authorized application for university status.

The plan should be governed by a balanced scorecard with annual targets. Core indicators should include program accreditation status; percentage of faculty with relevant graduate degrees and professional credentials; research publications, citations, creative works, patents or copyrights, and utilized outputs; external research funding; graduate employment and licensure performance; retention and completion; extension beneficiaries and measured outcomes; active international partnerships; student and stakeholder satisfaction; digital-service reliability; and operating-margin and reserve indicators. Targets must be based on the Phase 1 baseline rather than arbitrary numbers.

A Universityhood Steering Committee should report to the governing board and be supported by technical groups for regulatory compliance, academics, research, quality assurance, student services, internationalization, infrastructure, finance, and communications. Progress should be reviewed quarterly, while the governing board should receive an annual universityhood readiness report. The plan should remain adaptive because CHED policies and program standards may change before LGC submits an application.

Conclusion

LGC's history presents a credible narrative of institutional resilience and progressive expansion. Beginning with 81 midwifery students in 1987, the institution built early legitimacy through reported licensure success, widened access through community-supported education, created clinical partnerships, diversified its academic portfolio, and gained recent recognition for innovation and internationalization. Its vision, mission, and philosophy remain consistent with a university that combines professional competence, holistic formation, research, and service.

The findings also show that universityhood cannot rest on longevity, program count, or awards alone. LGC must demonstrate integrated academic quality, sustained research productivity, qualified faculty, sound governance, graduate-level capability, reliable information systems, financial sustainability, and verified outcomes. The proposed phased plan converts the institution's historical strengths into a manageable development agenda. Subject to current CHED requirements and external validation, LGC can advance toward university status by institutionalizing quality, documenting impact, and ensuring that expansion remains mission-driven and sustainable.

Recommendations

1. Complete a certified institutional chronology supported by permits, government recognition documents, PRC reports, board resolutions, enrollment and graduation records, and active partnership agreements.
2. Request a formal regulatory consultation with CHED MIMAROPA and the appropriate CHED central offices before fixing the application timetable or claiming eligibility for university status.
3. Prioritize accreditation and internal quality assurance in mature, high-performing programs before adding numerous new offerings.
4. Develop a five-year research, innovation, and extension agenda with funding, ethics review, faculty workload allocation, publication support, intellectual-property management, and community-impact evaluation.
5. Prepare a faculty development and succession plan tied to doctoral qualifications, professional credentials, research mentorship, leadership development, and retention.
6. Conduct feasibility studies for each proposed program and for future graduate offerings, including market demand, faculty availability, laboratories, library holdings, practicum sites, regulatory requirements, and financial sustainability.
7. Create an institutional data warehouse and dashboard for enrollment, retention, completion, licensure, employment, research, extension, finance, accreditation, and stakeholder satisfaction.
8. Commission an external university-readiness review at the end of each major phase and revise the plan using documented findings.

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