



INTERNATIONAL ASSOCIATION FOR BIBLICAL EDUCATION

IABE is an Accrediting Organization for Theological Education

Email-iabeinternational15@gmail.com

Application Form

Applying for	Membership	Accreditation for	Bachelor	Master	Doctorate
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1. Name of the Institution: _____

2. Address of the Institution: Street 1. _____

Street 2. _____ City. _____

State: _____ Country. _____ PIN No. _____

3. Email: _____ Phone No. _____

4. Mobile Number: _____ WhatsApp No. _____

5. Name of the Principal: _____ Qualification: _____

6. Year of Establishment: _____ website _____

7. Name of the Church/Organization: _____

8. If your Institution is Affiliated/Accredited/Member with other Associations please mention:

9. The number of books in library: _____

10. When was your last graduation? _____

11. How many students graduated? _____

12. Total Number of faculty: _____

13. Administration:

Name of the President with Degree: _____

Name of the Academic Dean with Degree: _____

Name of the Registrar with Degree: _____

14. Board of Directors (Name, qualification and occupation) : _____

15. Number of Students:-

- a. C. Th. level :
- b. Dip. Th. level :
- c. B.Th. level :
- d. M. Div. level :
- e. M. Th. Level :
- f. Doctoral level :

16. When you are expecting the IABE evaluation team to visit the college for accreditation? _____

17. FEES: Membership fee: \$ 100. Accreditation fees for Bachelor Degree \$ 170, Master Degree \$ 200, and Doctorate Degree \$ 250. (Membership for one year and Accreditation for three years).

Please enclose: A photo of your institution Building, Graduation photos, Office photo and a copy of Your College Application Form, Statement of Faith, Last Year Annual Report and Your College prospectus.

We the officers of (name of your institution): _____ hereby declared that all the information given by us in this form is correct & true in best of our knowledge & nothing is wrong. The authorities of IABE have right to cancel our application, if found any incorrect information given by us in this application form.

Signature of the Founder/President PrincipalRegistrar.....

Date.....

Seal.....

<u>For Office Use Only</u>	
Application Received on.....	Granted on
Application fee Received.	Remarks.....
Signature of Gen. Secretary.	