

Programmatic Accreditation Form

Institutional Information

Name of the Institution	
Address	
City	
State/Province	
Country	
Postal Code	
Website	
Contact Person	
Contact Email	
Contact Phone Number	

Programs Information

List all academic programs that the Institution is seeking to have accredited through IABE Programmatic accreditation

Degree, Diploma or Certificate name	Major/Field of Study	Credit Hours	Program Length	Mode of Delivery (on-campus, online)

Faculty Information

Name	Title	Qualification	Experience

Administrative Officers Information

Name	Position	Email Address	Qualifications	Signature

(add rows to table as need)

By signing this application, I confirm that the information provided is accurate and complete to the best of my knowledge and that the institution and program meet the standards set by the International Association for Biblical Education.

Seal of the Institution:

Signature of Authorized Person

Date: