

# INTERNATIONAL ASSOCIATION FOR BIBLICAL EDUCATION (IABE)

## ASSOCIATE MEMBER – ANNUAL UPDATE FORM

*(For Associate Member Institutions Only)*

### SECTION 1: INSTITUTIONAL INFORMATION

1. Name of Institution: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Country: \_\_\_\_\_
4. Contact Person (President/Principal/Director): \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_
7. Academic Year Covered by This Report: \_\_\_\_\_

### SECTION 2: BASIC ENROLLMENT INFORMATION (Statistical Only)

1. Total Number of Students Enrolled: \_\_\_\_\_
2. Number of New Admissions This Year: \_\_\_\_\_
3. Total Number of Graduates This Year: \_\_\_\_\_
4. Programs Currently Offered: \_\_\_\_\_
  - o Certificate: \_\_\_\_\_
  - o Diploma: \_\_\_\_\_
  - o Degree (if applicable): \_\_\_\_\_

### SECTION 3: INSTITUTIONAL UPDATES

1. Major Developments During the Year: \_\_\_\_\_
2. New Programs Introduced (if any): \_\_\_\_\_
3. Significant Events or Activities Conducted: \_\_\_\_\_
4. Any Challenges Faced: \_\_\_\_\_

**SECTION 4: FUTURE PLANS**

- 1. Key Goals for the Coming Year: \_\_\_\_\_
- 2. Plans Toward Institutional Development or Quality Improvement: \_\_\_\_\_

**SECTION 5: DECLARATION**

I hereby confirm that the information provided in this Annual Update Form is accurate to the best of my knowledge.

Name of Authorized Signatory: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Institution Seal: \_\_\_\_\_

**Submission Note:**

This Annual Update Form is required for continued Associate Member status. The information submitted will be used for record maintenance and institutional development purposes only.