

# INTERNATIONAL ASSOCIATION FOR BIBLICAL EDUCATION (IABE)

## ANNUAL REPORT FORM

*(For Accredited Institutions)*

### 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: ENROLLMENT INFORMATION (Statistical Data)

1. Total Number of Students Enrolled: \_\_\_\_\_
2. Number of New Admissions This Year: \_\_\_\_\_
3. Total Number of Graduates This Year: \_\_\_\_\_
4. Program-wise Enrollment: \_\_\_\_\_
  - Certificate Programs: \_\_\_\_\_
  - Diploma Programs: \_\_\_\_\_
  - Bachelor Programs: \_\_\_\_\_
  - Master Programs: \_\_\_\_\_
  - Doctoral Programs (if applicable): \_\_\_\_\_

### SECTION 3: FACULTY INFORMATION

1. Total Number of Faculty Members: \_\_\_\_\_
2. Full-Time Faculty: \_\_\_\_\_
3. Part-Time / Adjunct Faculty: \_\_\_\_\_
4. Any New Faculty Appointments This Year (Names & Qualifications): \_\_\_\_\_
5. Faculty Development Activities Conducted (if any): \_\_\_\_\_

**SECTION 4: ACADEMIC & PROGRAM UPDATES**

- 1. New Programs Introduced (if any): \_\_\_\_\_
- 2. Programs Discontinued (if any): \_\_\_\_\_
- 3. Curriculum Revisions or Improvements: \_\_\_\_\_
- 4. Academic Achievements or Milestones: \_\_\_\_\_

**SECTION 5: INSTITUTIONAL DEVELOPMENT**

- 1. Infrastructure Improvements (Library, Classrooms, Online Systems, etc.): \_\_\_\_\_
- 2. Technology Enhancements: \_\_\_\_\_
- 3. Partnerships or Collaborations: \_\_\_\_\_
- 4. Significant Events Conducted: \_\_\_\_\_

**SECTION 6: MINISTRY & COMMUNITY ENGAGEMENT**

- 1. Outreach or Mission Activities: \_\_\_\_\_
- 2. Community Service Programs: \_\_\_\_\_
- 3. Church or Ministry Partnerships: \_\_\_\_\_

**SECTION 7: QUALITY ASSURANCE & COMPLIANCE**

- 1. Steps Taken Toward Continuous Improvement: \_\_\_\_\_
- 2. Internal Evaluation Activities Conducted: \_\_\_\_\_
- 3. Any Challenges Faced During the Year: \_\_\_\_\_
- 4. Plans for Improvement in the Coming Year: \_\_\_\_\_

**SECTION 8: DECLARATION**

I hereby certify that the information provided in this Annual Report is true and accurate to the best of my knowledge.

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

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

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

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

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

**Submission Instructions:**

Please submit the completed Annual Report along with required supporting documents (if any) to the IABE office within the specified deadline.

All information submitted will be treated with confidentiality and used solely for accreditation review and quality assurance purposes.