APPLICATION FOR IABE MEMBERSHIP & ACCREDITATION

International Association for Biblical Education

IMPORTANT: Please read the instructions carefully and complete all applicable sections in Capital Letters**.** Please attach all required supporting documents.

1. APPLICATION TYPE

Applying for:

☐ Membership

☐ Accreditation

2. INSTITUTION INFORMATION

Name of the Institution:	**Name of the Principal:**
Qualification:	**Year of Establishment:**
Email:	**Phone No.**
Mobile Number:	**WhatsApp No.**
PIN Code:	**Website:**
Name of the Church / Organization:	**Institution Contact Person**

Address of the Institution:

Street 1	**Street 2**
City:	**State:**
Country:	**PIN Code:**

3. LIBRARY & ACADEMIC INFORMATION

Number of Books in Library: _____	**When was your last graduation?** _____
How many students graduated? _____	**Total Number of Faculty:** _____
Total Number of Students: _____	**List of Programs Offered:** _____

4. ADMINISTRATION & GOVERNANCE

Name of the President with Degree: _____	**Name of the Executive Director:** _____
Name of the Academic Dean with Degree: _____	**Name of the Registrar with Degree:** _____

Board of Directors (Name, Qualification and Occupation):

_____

_____

_____

_____

_____

5. STUDENT ENROLLMENT BY ACADEMIC LEVEL

Please provide the current number of students at each level:

Academic Level	Number of Students	Remarks
Certificate Level	_____	_____
Diploma Level	_____	_____
Bachelor Level	_____	_____
Master Level	_____	_____
Doctoral Level	_____	_____

6. MODE OF DELIVERY

Select the applicable mode(s):

☐ On-Campus

☐ Online

☐ Hybrid

7. IABE EVALUATION VISIT

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

Preferred Month / Date	Alternative Month / Date
Evaluation Visit Contact Person	**Contact Number**

8. FEES

Upon approval of my application, I agree to pay the required applicable fees. *

Fee Category	Amount (USD)	Select
Membership Fee	**$100.00**	☐
Bachelor Degree	**$170.00**	☐
Master Degree	**$200.00**	☐
Doctorate Degree	**$250.00**	☐

9. REQUIRED DOCUMENTS

I will send the required documents through email: info@iabeinternational.org *

☐ Yes

☐ No

Suggested supporting documents:

☐ Institutional registration / legal documents, where applicable

☐ Current faculty list and qualifications

☐ Academic programs / curriculum

☐ Student enrollment and graduation records

☐ Library information

☐ Board of Directors information

☐ Previous accreditation or membership certificate, if applicable

10. DECLARATION

We, the officers, hereby declare that all the information given by us in this application form is correct and true to the best of our knowledge and belief, and that nothing is wrong or knowingly omitted. The authorities of IABE have the right to review, reject, suspend, or cancel this application if any information is found to be incorrect, false, incomplete, or misleading.

☐ Yes — I agree to the declaration above.

☐ No — I do not agree to the declaration above.

11. APPLICANT INFORMATION

Applicant Name:	**Applicant Email:**
Applicant Designation / Position:	**Applicant Contact Number**

12. AUTHORIZED SIGNATURE

Name of Authorized Representative	**Designation / Title**
Signature	**Date**

13. FOR IABE OFFICE USE ONLY

Application Received Date	**Application / Reference Number**
Documents Verified By	**Evaluation Date**
Decision / Approval Date	**Remarks**