GLOBAL PARTNERSHIP FOR THEOLOGICAL ACCREDITATION & MISSION (GPTAM)

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APPLICATION FOR MEMBERSHIP

1. INSTITUTIONAL AND PROGRAM SUMMARY

Full Name of Institution:
(and abbreviation, if any)

Full Address :

Year of Establishment: Name of Founder:

President/Principal: Academic Dean:

Phone No. (With Code) Mobile No. (With Code)

E-mail: Website:

Is your Institution registered? Yes No

If yes, provide details:

Whether Institution is independent or organisational:

Name of the Organisation/Society/ Association:

Program(s) the institution is currently offering to students:

How long has the program(s) been in operation?

How many graduates has this program(s) produced?

State the programs to be accredited and/or to be reaccredited:

2. STATISTICAL INFORMATION FOR THE CURRENT YEAR AND PREVIOUS FOUR YEARS:

A. List of Faculty: (Please furnish additional sheet(s) in the same format)

Name	Highest Degree	Full/Part Time	Teaching Concentration

B. Library

Name of Librarian :

Full Time/Part Time :

Library collection (No. of volumes and Titles) :

No. of Periodicals :

Annual Expenditure on Books :

Annual Expenditure on Periodicals :

3. TOTAL ANNUAL REVENUE OF THE INSTITUTION :

4. TOTAL ANNUAL EXPENDITURE OF THE INSTITUTION:

5. VISION AND MISSION STATEMENT OF THE INSTITUTION:

6. ADMINISTRATION OF THE INSTITUTION

Governing Body :

Head of the Governing Body :

Internal Administration :

Are you member of any other accrediting agencies? If yes, please state details:

Submitted by:

Name: _____

Designation: _____

Signature: _____ Date: _____

Seal: