



The Association for
Biblical Higher Education

Formerly *The Accrediting Association of Bible Colleges*

**Application Form for Programmatic Accreditation
to the
Commission on Accreditation
of the
Association for Biblical Higher Education**

Institutional Data

Name of Institution: _____ Telephone: _____ FAX: _____
 Street Address: _____ City: _____ State: _____
 Zip/Postal Code: _____ Mailing Address: _____ City: _____ State: _____
 Zip/Postal Code: _____ E-Mail: _____ URL: _____

A. Names of Officers

Name & E-mail Address

Title (i.e. Rev., Dr.)

Highest Earned Degree

President: _____	_____	_____
Chf. Academic Ofcr.: _____	_____	_____
Chf. Student Dev. Ofcr.: _____	_____	_____
Chf. Development Ofcr.: _____	_____	_____
Chf. Financial Ofcr.: _____	_____	_____
Student Ministries Director: _____	_____	_____
Library Director: _____	_____	_____
Registrar: _____	_____	_____
Chair/Dept. Heads for Ministry-related Programs: (Please list under separate cover if necessary)	_____	_____

B. Name of Governing Board Chair

Board Chair: _____ Home Address: _____
 City/State/Zip: _____

C. Describe your Institutional Characteristics in terms of:

1. Academic Calendar, e.g., semester, quarter, 4-1-4 _____
2. Off-Campus Locations (name, city, state/province) (see definitions); List offerings, credentials (if applicable) [Attach separate sheet if necessary]
 - a. Branch Campuses (offers full programs, has on-site administration) _____
 - b. Additional Locations (offers 50% or more of a program) _____
 - c. Extension Classes (offers less than 50% of a program) _____
 - d. Distance Education (Method: i.e., correspondence, online) _____
3. Control/Affiliation
 - a. Give the name of the denomination by which your institution is controlled or to which it is closely affiliated. If none, write "independent." _____
 - b. If independent, identify the theological perspective to which your institution adheres, e.g., Baptist, Wesleyan. If course work is taught from an interdenominational perspective, write "interdenominational" or "nondenominational." _____
4. Institutional Accreditation Held _____
5. Programs Eligible for ABHE Accreditation: _____

Enrollment Data

Fall 20__ __

	MAIN CAMPUS		OFF CAMPUS	
	<u>Entire Institution</u>	<u>Ministry Programs</u>	<u>Entire Institution</u>	<u>Ministry Programs</u>

A. Undergraduate (for credit only)

1. Headcount	_____	_____	_____	_____
2. FTE	_____	_____	_____	_____

B. Graduate

1. Headcount	_____	_____	_____	_____
2. FTE	_____	_____	_____	_____

C. Distance Education

1. Headcount - Undergraduate	_____	_____	_____	_____
2. Headcount - Graduate	_____	_____	_____	_____

Faculty

MAIN CAMPUS
Full Time Part-Time

OFF CAMPUS
Full Time Part-Time

A. Academic Preparation (Highest Degree)
 (Teaching Faculty for Programs To Be Evaluated)

- 1. Doctorate (Terminal Credential)
- 2. Master's
- 3. Less Than Master's

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

Library Data

(Entire Institution)

Previous Fall Term

Current Fall Term

A. Collection

- 1. Books
 - a. Volumes held
 - b. Titles held
 - c. Electronic
- 2. Periodicals
 - a. Hard Copy
 - b. Electronic

Curricular Data

(Biblical Studies and/or Church Vocational Ministry Programs)

A. Degrees, Diplomas, Certificates Offered
Credential

Hours Required for Completion
 (Specify semesters or quarters)

No. of Graduates During Most Recent Academic Year

B. Biblical Studies (Applies to undergraduate only)

1. Do you offer any four-year programs requiring less than 30 semester hours (or equivalent) of biblical studies? **YES**
2. Do you offer any two-year programs requiring less than 12 semester hours of biblical studies?

NO

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C. General Studies (Applies to undergraduate only)

1. Do you offer any four-year programs requiring less than 36 semester hours of general studies? **YES**
2. Do you offer any two-year programs requiring less than 18 semester hours of general studies?

NO

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D. Student Ministries Participation (Applies to undergraduate only)

(percent of full-time students engaged in systematic or structured ministry activities)

1. First Term _____ %
2. Second Term _____ %
3. Third Term, if applicable _____ %

Previous Academic Year

Current Academic Year

Financial Data

(Entire Institution)

A. Current Fund – Unrestricted

1. TOTAL Current Fund – Unrestricted Income
2. Current Fund – Unrestricted Surplus (Deficit)
3. Cumulative Current Fund – Unrestricted Surplus (Deficit)

Previous Fiscal Year

- \$ _____
- \$ _____
- \$ _____

Most Recent Fiscal Year

- \$ _____
- \$ _____
- \$ _____

B. Current Funds (Sources of Funds)

1. Revenues Generated by Tuition and Fees
2. Revenues Generated by Private Gifts, Grants and Contracts

- _____ %
- _____ %

- _____ %
- _____ %

I hereby certify that, to the best of my knowledge, the above information is correct.

Signature, Chief Executive Officer

Telephone

Date

Please Remit **Application Form** and
\$200 Application Fee To:



The Association for
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Orlando, FL 32822-1781