

PENTECOSTAL ASSOCIATION FOR THEOLOGICAL ACCREDITATION (PATA)

ANNUAL INSTITUTIONAL REPORTING FORM

This report is required for all institutions affiliated with PATA to ensure ongoing compliance with accreditation standards and continuous institutional development within **India and South Asia**.

Section 1: Institutional Information

Institution Name: _____

Address: _____

City: _____

State / Province: _____

Country: _____

Contact Person: _____

Position / Title: _____

Email: _____

Phone Number: _____

Reporting Year: _____

Current Accreditation Status: _____

Section 2: Academic Programs

1. List all academic programs offered:

Program Name	Degree/Certificate	Enrollment	Graduates
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2. Have there been any changes to the curriculum?

☐ Yes ☐ No

If yes, describe:

Section 3: Faculty and Staff

Total full-time faculty: _____

Total part-time faculty: _____

New faculty hired this year: _____

Professional development activities:

Section 4: Student Enrollment and Retention

Total student enrollment: _____

Retention rate (%): _____

Graduation rate (%): _____

Section 5: Spiritual Formation

Describe key spiritual formation activities:

How does the institution support spiritual growth?

Section 6: Facilities and Resources

Any improvements made?

☐ Yes ☐ No

If yes, describe:

Challenges faced:

Section 7: Financial Overview

Summary of financial status:

Any financial challenges?

☐ Yes ☐ No

If yes, explain:

Section 8: Accreditation and Quality Assurance

Accreditation-related activities conducted:

☐ Yes ☐ No

If yes, describe:

Quality improvement measures:

Section 9: Challenges and Needs

Major challenges faced:

Support needed from PATA:

Section 10: Additional Comments

Section 11: Declaration

I certify that the information provided in this report is accurate and reflects the current status of the institution.

Authorized Representative: _____

Position: _____

Signature: _____

Date: _____

For Office Use Only

Report Received Date: _____

Reviewed By: _____

Remarks: _____

