

PENTECOSTAL ASSOCIATION FOR THEOLOGICAL ACCREDITATION (PATA)

PRELIMINARY ACCREDITATION QUESTIONNAIRE

PATA conducts accreditation processes within **India and South Asia**.

This questionnaire is designed to assess institutional readiness for accreditation and to guide institutions toward meeting PATA standards.

Section 1: Institutional Information

Institution Name: _____

Address: _____

City / State / Postal Code: _____

Country: _____

Telephone: _____

Email: _____

Website: _____

Date Established: _____

Legal Status / Registration Number: _____

Governing Body / Board of Trustees:

Section 2: Institutional Profile

Type of Institution: _____

Current Membership Status with PATA: _____

Number of Students Enrolled: _____

Number of Graduating Classes: _____

Academic Programs Offered:

Language(s) of Instruction: _____

Faculty Profile:

- Full-time faculty: _____
- Part-time faculty: _____
- Highest qualification: _____

Facilities Description:

Section 3: Mission and Philosophy

Institutional Mission Statement:

Pentecostal Identity and Theological Focus:

Spiritual Formation Practices:

Section 4: Academic Programs and Curriculum

Is curriculum structured according to recognized standards?

☐ Yes ☐ No

If yes, briefly explain:

Are Pentecostal doctrinal distinctives integrated?

☐ Yes ☐ No

If yes, explain:

Curriculum review process:

Practical ministry requirement:

☐ Yes ☐ No

Section 5: Governance and Administration

Legally authorized institution:

☐ Yes ☐ No

Governance structure:

Organizational chart available:

☐ Yes ☐ No

Financial management system:

Strategic plan available:

☐ Yes ☐ No

Section 6: Resources and Support

Library resources:

Technology infrastructure:

Student services:

Faculty development programs:

Section 7: Commitment to Accreditation

Reviewed PATA standards:

☐ Yes ☐ No

Committed to full self-study:

☐ Yes ☐ No

Accreditation coordinator/team:

☐ Yes ☐ No

Expected timeline:

Section 8: Additional Information

Section 9: Declaration

I hereby certify that the information provided is accurate and complete.

I understand that submission of this questionnaire does not guarantee accreditation but serves as a preliminary assessment of institutional readiness.

Name: _____

Title: _____

Signature: _____

Date: _____

For Office Use Only

Date Received: _____

Reviewed By: _____

Readiness Level: _____

Remarks: _____

