

Date _____



**Office of
Education & Endorsement**
UNITED PENTECOSTAL CHURCH INTERNATIONAL

Name of Endorsed Institution _____

Please list in alphabetical order the names and positions of **all** Officials and Faculty of your institution, and then return this form to our office. (Please make copies if additional space is needed.)

NAME

TITLE

_____	_____ (circle) Full/Part time
_____	_____ (circle) Full/Part time
_____	_____ (circle) Full/Part time
_____	_____ (circle) Full/Part time
_____	_____ (circle) Full/Part time
_____	_____ (circle) Full/Part time
_____	_____ (circle) Full/Part time
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_____	_____ (circle) Full/Part time
_____	_____ (circle) Full/Part time
_____	_____ (circle) Full/Part time

Total number of
Officials/Faculty..... _____