



West Indies School of Theology

THE OFFICIAL TRAINING INSTITUTION OF THE PENTECOSTAL ASSEMBLIES OF THE WEST INDIES

4th Bridge, Maracas Valley, St. Joseph, Republic of Trinidad and Tobago

E-mail: pwist@tsstt.net.tt or admin@wistef.com; Tel/Fax: 1-868-663-1501; Tel: 1-868-662-0270



Dear Adjunct Faculty Member:

Thank you for your service as a West Indies School of Theology (WIST) adjunct faculty member. It is thrilling to see how God is using our students to *win the lost and train the found*. In an effort to strengthen our faculty program, we are introducing an annual adjunct faculty renewal requirement. Attached is the 2013 Annual Adjunct Faculty Member Renewal Form.

This renewal process consists of a few simple steps. You will be asked for updated information on your status, involvements and advancements made during the last year. Mail, fax, or scan and e-mail the completed form back to us.

When completing the advancement section, report your academic and personal development. We request that completed forms be received by WIST *no later than August 31, 2013*.

Thank you for your willingness to assist WIST in the training of men and women for Christian ministry. Eternity will be impacted as we all work together in winning the lost and training servant leaders to transform the world.

If you have any questions or suggestions regarding this matter, please let me know. We appreciate the outstanding contribution you are making to the work of the Lord. May God's anointing and richest blessings be upon your life and ministry.

Your Brother in Christ,

Errol E. Joseph, Ph.D.

Vice President, Academic Affairs



FACULTY UPDATE FORM

This form will be retained in the faculty member's permanent file located at WIST's Office. Please forward the completed form to the VP, Academic Affairs for processing. *Thank you!*

Home Mailing Address:

Name: _____	Address: _____
City: _____	Country: _____
Phone: _____	Fax: _____ E-mail: _____

Ministry Address:

Position: _____	Campus: _____
Address: _____	
City: _____	Country: _____
Phone: _____	Fax: _____ E-mail: _____

Status:

Active: I wish to continue to represent WIST in academia in, but not limited to, one or more of the following roles: instructor, professor, mentor, programme coordinator, or to otherwise provide assistance and oversight to WIST students (select all that apply). If called upon to serve, I agree to fulfill adjunct faculty responsibilities according to policies, procedures, and guidelines established by WIST for the respective role.

Instructor/Professor **Mentor** **Programme Coordinator**

Inactive: I no longer wish to serve as an academic representative for Global University.

Temporarily Inactive: Due to medical condition, itineration, sabbatical, special or unique circumstance.

Please List: _____

In this case, please provide the following information:

Effective Date: _____ Completion Date: _____

Point of Contact: _____ POC Phone/E-Mail: _____



Advancement Update:

(Please fill out as much as possible and leave blank or mark N/A if not applicable. Attach additional paper if necessary to complete.)

Academic Advancement

A. How have you stayed current in your field of expertise?

- List journals and books in your field of expertise that you read in the past year.

- List by organization, name, date, location, etc. any professional meetings you have attended during the past year.

Organization Name	Date	Location	Meeting



- List any graduate courses or workshops in which you have participated during the past year.

B. What scholarly contributions have you made?

- List any published courses, works or articles (for WIST or other).

- List by title, date, setting and audience any talks, or lectures, etc. you have given during the past year.

Title	Date	Setting	Audience



Personal Advancement

A. Community Service/Involvement: How have you contributed to your local WIST community?

B. What church sponsored activities or activities with other faith-based organizations have you been involved in?

C. To the community at large?

Faculty Member Signature: _____ (NOT VALID WITHOUT SIGNATURE)

Date: _____

Submission:

Please e-mail, fax, or mail this form to the following location:

E-mail:
pwist@tstt.net.tt

Mailing Address:
Vice President, Academic Affairs
Fourth Bridge, Maracas St. Joseph,
TRINIDAD, W.I.

Fax:
663-1501