

South Pacific Nazarene Theological College Instructor Gradesheet

Number of Students:		Date (dd/mm/yy)	Course Title				Instructor:							
		Course No.	No. of Hours:				Location:							
Last Name	First Name	ID number									Percentage	Grade as of Today	ID number	Name of Student
		Points Possible-->									100			
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														



All automatic below this line															
															Points Possible
															Class Average

Instructor: I certify these grades are accurate to the best of my ability: _____ Date signed: _____

Lookup table

0 F
60 D-
62.6 D
67.6 D+
69.6 C-
72.6 C
76.6 C+
79.6 B-
82.6 B
86.6 B+
89.6 A-
92.6 A



South Pacific Nazarene Theological College

Head Office Telephone (Fiji): 00 (679) 908-6416

SPNTC Website: www.SPNTC.org

E-mail: info@SPNTC.org

Mailing Address: G.P.O. Box 16973 | Suva, Fiji Islands



Vanuatu

Solomon Islands

Samoa

Micronesia

Fiji

SPNTC Pre-Approved Scholarships Form

Course: _____ Course Date: _____

Instructor: _____ Location: _____

Normal School Fee: _____ Normal Audit Fee: _____ Advanced Discipleship Fee: _____

The following students have filled a scholarship form and received fee reduction. Their cost is stated below. Please collect these funds before allowing students to join the class.

Amount	Student	Special Note
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____



South Pacific Nazarene Theological College

Head Office Telephone (Fiji): 00 (679) 908-6416

SPNTC Website: www.SPNTC.org

E-mail: info@SPNTC.org

Mailing Address: G.P.O. Box 16973 | Suva, Fiji Islands



Vanuatu

Solomon Islands

Samoa

Micronesia

Fiji

SPNTC Money Collection Policy

Dear Lecturer or Finance Controller,

It is the goal to SPNTC to provide the very highest quality education for the lowest cost. This demands full collection of funds in order to budget properly for all courses for all students.

The Board of Trustees of SPNTC has made a resolution that requires that all students shall pay their school fees in full before attending class. Please follow this Board directive in good faith, and knowing that we appreciate the difficulties of asking a student to go and find money for classes, but that we also realize that we will have to close our doors if we do not, and therefore urge you to dutifully collect these fees on time and in a professional manner.

The manner of collection should be as follows:

1. Student pays fees in full, please consult the Pre-Approved Scholarships Form in case some students have reduced fees.
2. You provide the student with a receipt stating at least the course number, date, payment received, and your signature.
3. Fill out the SPNTC Receipt of School Fees Form so that administrators can keep track of individual student payments.
4. Deliver these funds in full to _____ (Finance Collector) within one week (7 days) of the end of class. If you are close to where you can deliver these funds and can deliver them earlier that is recommended to reduce your risk in carrying these funds for a lengthy period of time.

The Board realizes that there are some special cases where school fee collection could be delayed (the pastor is robbed on the way to class, pre-arranged payment plan with administration, etc.). No unapproved payment plans may be entered into by the lecturer without consultation with administrator(s) from your local campus. We thank you very much for following this difficult request, but please know that it is for the good of everyone that we ask you serve the College in this way. Thank you.



South Pacific Nazarene Theological College

Head Office Telephone (Fiji): 00 (679) 908-6416
SPNTC Website: www.SPNTC.org
E-mail: info@SPNTC.org
Mailing Address: G.P.O. Box 16973 | Suva, Fiji Islands



Vanuatu | Solomon Islands | Samoa | Micronesia | Fiji

SPNTC Receipt of School Fees

The following Lecturer / Associate of SPNTC has provided the following funds to me, the undersigned administrator.

Lecturer / Associate (Provided funds) _____
Signature _____ Written Name _____

SPNTC Administrator (received funds) _____
Signature _____ Written Name _____

Amount	Provided by	For
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____

Total: _____ Currency: _____ Date: _____



South Pacific Nazarene Theological College

Head Office Telephone (Fiji): 00 (679) 908-6416

SPNTC Website: www.SPNTC.org

E-mail: info@SPNTC.org

Mailing Address: G.P.O. Box 16973 | Suva, Fiji Islands



Vanuatu

| Solomon Islands

| Samoa

| Micronesia

| Fiji

SPNTC Faculty Guide (Fiji)

Dear Lecturer or Finance Controller,

Special Faculty instructions here



South Pacific Nazarene Theological College

Head Office Telephone (Fiji): 00 (679) 908-6416

SPNTC Website: www.SPNTC.org

E-mail: info@SPNTC.org

Mailing Address: G.P.O. Box 16973 | Suva, Fiji Islands



Vanuatu | Solomon Islands | Samoa | Micronesia | Fiji

SPNTC Fiji Islands Campus Student eReader Check Out Form

Student Name: _____

Course Number and Name: _____

Course Date: _____

Fee Paid:

Amount: _____

Date: _____

Receipt Number: _____

eReader:

Fee Paid: _____

Serial Number: _____

Condition:	Good	Fair	Poor	Cost
Tablet:				\$224
Charger:				
Cable:				
Ear Phone:				\$20
Cleaning Cloth:				\$1
sd Card				\$40
Box:				

I understand that the eReader I have been issued is the property of SPNTC Fiji Islands. I am responsible for it while it is assigned to me. I will immediately report any problems to the school administration. I will pay for any missing parts while the eReader is in my possession. I will return the eReader as soon as my class is finished.

Signed: _____

Comments: _____



South Pacific Nazarene Theological College

E-mail: info@SPNTC.net | Website: www.SPNTC.net



South Pacific Nazarene Theological College **TABLET CARE POLICIES**

1. All tablets issued by SPNTC are to students that have paid for a full-price for credit course. Audit and non-payment students may not be issued a tablet.
2. Students that take the tablet away from the classroom are completely responsible for the tablet. This includes loss of SD Card(s), loss of headphones, charger, cables, and anything else issued to the student. This also includes breaking the tablet through misuse. The student should repay any damage done to the tablet, including replacement of the tablet. It is your choice to take the tablet away from class, but this device is our textbook(s), and thus is a very important part of SPNTC learning environment. Payment plans can be arranged.
3. Students using any electronic equipment issued or owned by SPNTC must agree to the Electronic Communication Policies of SPNTC.
4. Tablet care is as follows:
 - A. When transporting the tablet all pieces must be returned to the positions they were in when issued. This will allow the box to last longer, and the tablet to be safest. Be sure the tablet is secure so that it does not drop. This is essential.
 - B. Cleaning of the tablet can be done with any soft rag, SLIGHTLY dampened. Do not wet the tablet. If the tablet gets wet, DO NOT TURN IT ON. If on, hold the power button 20 seconds until it turns off immediately. Then gently shake all water out of all areas, and place it in front of a blowing fan and return to the teacher at once. (If this is your tablet, let the fan blow on it at least two days, and be sure it is dry inside before turning the tablet back on again. Often, as long as you turned it off quickly, and dried it completely, the device will still work!)
 - C. When charging, unplug during a power outage or any time the lights are dimming and brightening ("brown-out"). Water, bad electricity, and dropping are the primary ways to break a tablet.
 - D. DO NOT CHANGE THE SETTINGS. Do not change the backgrounds, wallpapers, live wallpapers, or any other setting on the tablet. It DOES NOT BELONG TO YOU, and it is THE SPNTC TEXTBOOK. It is very time consuming to return the tablet to the condition it was issued to you, and changes are not appreciated. Thank you for respecting this policy.
 - E. The tablet comes with a scratch-guard. Please do not remove this, and if it gets removed we must replace it before you use it again. This will allow our devices to last a very long time.
 - F. The tablets devices are designated for student use only. If you allow your family or friends to use the device and it gets broken or damaged, it is completely your responsibility.
 - G. The tablets come with an SD Card and a slot for a SIM card. While SPNTC property, you MAY NOT REMOVE THE SD CARD or use a SIM card with this device.

We are very honored to have people that believe in you and have donated their hard-earned money to provide these devices to increase the quality of your education. We hope that you enjoy this method of education, and ask that you would please respect this property. Thank you.



South Pacific Nazarene Theological College

Head Office Telephone (Fiji): 00 (679) 908-6416
SPNTC Website: www.SPNTC.org
E-mail: info@SPNTC.org
Mailing Address: G.P.O. Box 16973 | Suva, Fiji Islands



Vanuatu | Solomon Islands | Samoa | Micronesia | Fiji

SPNTC Funds Expenditures and Reimbursements Form

Course: _____ Course Date: _____

Instructor: _____ Location: _____

Normal School Fee: _____ Normal Audit Fee: _____ Advanced Discipleship Fee: _____

The following students have filled a scholarship form and received fee reduction. Their cost is stated below. Please collect these funds before allowing students to join the class.

Amount	Description of expenditure	Special Note
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

_____ **Total requested for Reimbursement.** The funds above were spent in the service to SPNTC.

These numbers have no hidden items and are a truthful account of funds spent for teaching this course.

Signed: _____ Name (written): _____ Date: _____

Class Evaluation Form for _____

Class Number

Instructor



Strongly Disagree	Disagree	Opinion No	Agree	Strongly Agree	
1	2	3	4	5	
1	2	3	4	5	The instructor's oral presentations were clear: pronunciation, rate of delivery, volume...
1	2	3	4	5	The instructor clearly explained grading standards for this course.
1	2	3	4	5	The level of difficulty in this course is comparable to other courses I have taken.
1	2	3	4	5	The instructor encourages the use of the library, tutoring center, labs, etc.
1	2	3	4	5	Reading assignments were related to course objectives.
1	2	3	4	5	Examination questions were clearly stated.
1	2	3	4	5	What was taught clearly related to course objectives.
1	2	3	4	5	The instructor was effective in preparing students for tests and exams.
1	2	3	4	5	The instructor's use of personal experiences helped to get points across in class.
1	2	3	4	5	The instructor was prepared for each class session.
1	2	3	4	5	The instructor was available for help when requested.
1	2	3	4	5	Instructional materials (handouts, overheads , videos) used in the course were helpful.
1	2	3	4	5	Compared to other courses I have taken, this course was well-taught.
1	2	3	4	5	The instructor seemed genuinely interested in student progress.
1	2	3	4	5	The instructor's comments and suggestions on assignments and papers were helpful.
1	2	3	4	5	The instructor explained the course objectives clearly.
1	2	3	4	5	The instructor was punctual, beginning class on time.



Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree	
1	2	3	4	5	Evaluation materials (tests and examinations) were clearly related to the course objectives.
1	2	3	4	5	The overall course was well planned and organized.
1	2	3	4	5	I have become more competent/ knowledgeable in this subject area due to this course.
1	2	3	4	5	I would recommend this instructor to other students.
A	B	C	D	F	If I were giving the instructor a grade it would be:
1	2	3	4	5	The pace at which the instructor covered the material during the term was too slow.
1	2	3	4	5	The instructor was insensitive to students' academic needs.
1	2	3	4	5	Course requirements (papers, assignments, projects) were not clearly and thoroughly explained.
1	2	3	4	5	The textbook used in this course was unacceptable.
1	2	3	4	5	The instructor did not seem to be interested in the subject being taught.
1	2	3	4	5	The course syllabus was too brief or vague to be useful.
1	2	3	4	5	Methods used for evaluating what I learned were unfair.



On another piece of paper please answer the following questions:

What did you enjoy most about this course?

What did you enjoy least about this course?

Please write any comments below:





Technology Evaluation Form for _____

Class Number *Instructor*

Strongly Disagree	Disagree	Opinion No	Agree	Strongly Agree	
1	2	3	4	5	The instructor's use of technology helped the class understand the material better
1	2	3	4	5	The technology helped me learn better than if I would not have had the technology
1	2	3	4	5	Within three days I was comfortable finding the resources I needed for my class
1	2	3	4	5	I wish that we had NOT used any technology in this class
1	2	3	4	5	I would have learned better with a book and paper materials
1	2	3	4	5	I like the idea of using the eReaders for classes
1	2	3	4	5	The teacher understood the technology very well
1	2	3	4	5	The teacher was patient and helpful when technology problems came up
1	2	3	4	5	Our class wasted a lot of time trying to get technology to work, and we should have been learning the topic
1	2	3	4	5	I believe that SPNTC should keep using technology for classes
1	2	3	4	5	I believe that SPNTC should stop using technology for classes
1	2	3	4	5	I feel that using this technology will help me learn now and help me be more prepared for ministry later
1	2	3	4	5	I did not do well in this class because of the technology
1	2	3	4	5	The technology did not interfere with my learning
1	2	3	4	5	I would recommend this technology to my friends



On the back side, answer these questions:

1. What did you enjoy most about this course?
2. What did you enjoy least about this course?
3. Other comments.





Teacher Evaluation Form for _____

 Class Number Instructor

Strongly Disagree	Disagree	Opinion No	Agree	Strongly Agree	
1	2	3	4	5	
					For this class I felt very supported by the administration Comment:
1	2	3	4	5	I was given all course materials at least three weeks before the class began so I could prepare Comment:
1	2	3	4	5	I was given a class roster of students before I entered the classroom on the first day Comment:
1	2	3	4	5	The technology available helped me teach the class better Comment:
1	2	3	4	5	I had a clear understanding of what was expected of me before I taught the class Comment:
1	2	3	4	5	I believe I was compensated enough for the course Comment:
1	2	3	4	5	I am interested in teaching this course again Comment:
1	2	3	4	5	I am interested in teaching for the College again Comment:
1	2	3	4	5	I feel good about how the students learned in this course Comment:
1	2	3	4	5	I believe that my course was of similar difficulty to other courses taught at this College Comment:
1	2	3	4	5	Student resources were good for this course Comment:
1	2	3	4	5	Teacher resources were good for this course Comment:



On the back side, answer these questions:

1. What did you enjoy most about this course?
2. What did you enjoy least about this course?
3. Other comments.





South Pacific Nazarene Theological College

Application for Enrollment

G.P.O. Box 16973, Suva, Fiji Islands | www.spntc.net

Making Christ-like disciples in the nations!



(1) Student ID		(5) Title	Dr. Rev. Mr. Ms.	
(2) Last Name		(6) Gender	M	F
(3) Middle Name	<i>*Names as they will be on Certificate</i>	Notes		
(4) First Name				
Your Contact Numbers		Your Mailing Address		
(7) Phone		(10) street 1		
(8) Email		(11) street 2		
(9) Other		(12) country		
(13) Date of Birth or approx.	(14) Marital Status (<i>circle one</i>)			
	Married	Never Married	Widowed	Separated
				Divorced
(15) Number of children	(17) Application Date	(18) Expected graduation		
(16) <i>Office Use Only</i>	(19) Actual Graduation	<i>Office Use Only</i>		
(20) <i>Office Use Only</i>	(21) <i>Office Use Only</i>			
(22) Intended Major		(26) Denomination		
(23) Intended Minor		(27) 1st Language		
(24) <i>Office Use Only</i>		(28) 2nd Language		
(25) Citizenship		(29) Location Enrolled		
(30) <i>Office Use Only</i>	(31) <i>Office Use Only</i>			
(32) Name of Spouse (<i>if applicable</i>)	(35) Contact #s of Accountability Partner			
(33) Referring Pastor				
(34) Accountability Partner				
	(36) Your Home Village			
(37, 38, 39) <i>Office Use Only</i>				

A ✓ in these boxes means you have received the item in full. If otherwise, please make note.			
(40) Application (this form)		(44) Previous Transcript(s)	
(41) Application Fee <small>Enter Amount Paid Here</small>	Paid in Full?	(45) Picture on File	
(42) Statement of Christian Experience		(46) Medical Statement	
(43) All Letters of Reference		(47) Internship Completed <small>Office Use Only</small>	
Please staple all documents above to this application when submitting to the local Principal or Registrar.			
<small>(48, 49) Office Use Only</small>			
(50) Academic Plan No. <small>Office Use Only</small>		(52) <small>Office Use Only</small>	
(51) <small>Office Use Only</small>		(53) <small>Office Use Only</small>	
Intended Course of Study			
Other: _____ Certificate (3 yr) Diploma (3 yr) Bachelors (4 yr)			
Intended Method of Study			
Full-time (8+/yr) Part-time (3-7/yr) Casual Study Other:			
(48) Ordination Track			
Yes (Nazarene) Yes (Other) Unsure No			

Financial Information	
Intended Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check	Other Fees:
Requesting Tuition Scholarship <input type="checkbox"/> Yes <input type="checkbox"/> Not now	
Fees (late / amended registration) <i>Fees have no scholarships after Close of Registration.</i>	
(49) Use of Photo permission granted <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Registration Agreement:</u>	
I agree to comply with all of the policies and regulations of South Pacific Nazarene Theological College and with the decisions of the constituted authorities so far as they apply to me.	
I am aware of the requirements of the Student Handbook and know how to access a copy should I need it. At such time that I am no longer in harmony with stated policies and regulations I will voluntarily withdraw my enrollment. I understand that otherwise my admission may be revoked.	
I DO give permission for photographs of myself to be used respectfully in external publications, publicity materials, and college newsletters, and on the college website unless I have checked "No" above.	
_____	_____
<i>Date</i>	<i>Student's Signature</i>
Please make sure <u>all non-office fields are filled out completely</u> , then return to your campus Principal or registrar. Thank you for choosing to follow the Lord and further your education using SPNTC!	
Office Use Only	
Date: _____ Academic Registrar's Signature _____	
Tuition Scholarship Requested: _____ _____ <input type="checkbox"/> Financial Clearance <input type="checkbox"/> Entered on to Class List	



South Pacific Nazarene Theological College

Head Office Telephone (Fiji): 00 (679) 908-6416

SPNTC Website: www.SPNTC.org

E-mail: info@SPNTC.org

Mailing Address: G.P.O. Box 16973 | Suva, Fiji Islands



Vanuatu

Solomon Islands

Samoa

Micronesia

Fiji

SPNTC Receipt of School Fees

The following Lecturer / Associate of SPNTC has provided the following funds to me, the undersigned administrator.

Lecturer / Associate (Provided funds)

Signature

Written Name

SPNTC Administrator (received funds)

Signature

Written Name

Amount

Provided by

For

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

Total: _____

Currency: _____

Date: _____