

FORM 20—Transcript Evaluation Request

As authorized by the Division of Christian Education Accreditation and Credentials
of the Sunday School Publishing Board, National Baptist Convention, USA, Inc.

Submit to: The Division of Christian Education, 330 Charlotte Avenue, Nashville, TN 37201-1188

Date: ____/____/____

Student's Name: _____

Address: _____ City _____ State _____ Zip Code _____

Phone #: Daytime (____) _____ Home (____) _____ Fax (____) _____

E-mail Address: _____

Name of Dean: _____

Address: _____ City _____ State _____ Zip Code _____

Phone #: Daytime (____) _____ Home (____) _____ Fax (____) _____

E-mail Address: _____

Transcript from:

____ Community College ____ Liberal Arts College ____ Seminary ____ Other (List _____)

Name of Institution: _____

Location: City _____ State _____

No. of Years Attended: _____ Dates Attended: From _____ Until _____

Area of Concentration: _____ Type of Degree _____

Transcript Evaluation will be used for:

- Certificate of Progress Program
- Instructor Certification
- Dean Certification
- Other

Summary:

Signed: _____ Date ____/____/____

Dean

Signed: _____ Date ____/____/____

Applicant

Official Staff Use Only

Date Transcript Received ____/____/____ Transcript Evaluated by _____ Date Evaluation Returned ____/____/____