

# FORM 7—Final Report of CLS

Division of Christian Education Accreditation and Credentials of the  
Sunday School Publishing Board of the National Baptist Convention, USA, Inc.  
330 Charlotte Avenue, Nashville, Tennessee 37201-1188

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Submit your final report package, which includes Form 7—Final Report of CLS (to be completed by the dean of the CLS), along with an evaluation of the school and Form 8—Class Attendance Record for each class. Submit a copy of your final package to DCEAC and a copy to the State Director, no later than thirty days after the completion of the school.

School Name: \_\_\_\_\_ School # \_\_\_\_\_

Location: \_\_\_\_\_  
Church Building \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Dean Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State Director: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Number of hours devoted to class study. \_\_\_\_ Were textbooks provided for each class? \_\_ Yes \_\_ No

How many meetings were held with the faculty of this school? \_\_\_\_\_

Were students advised of: Class requirements? \_\_ Yes \_\_ No Certificate of Progress requirements? \_\_ Yes \_\_ No

Number of Certificate of Progress applications: \_\_\_\_ By Phase: \_\_\_\_ First \_\_\_\_ Second \_\_\_\_ Third \_\_\_\_ Fourth (Diploma)

**REMARKS:** On a separate sheet attached to this report, please evaluate this school, giving attention to the following items:

1) Successes and innovations, 2) difficulties encountered and resolutions, 3) benefits from problem resolution, and 4) variations from plans for school as presented on Form 1.

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy sent to State Director—Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDITIONAL FORMS AND FEES SUBMITTED with Final Report. A Form 25—Financial Worksheet can be used. Appropriate fees must accompany this form. Please do not send cash. Please do not staple or tape checks.**

*Informer* Subscriptions: Qty \_\_\_\_ \$ \_\_\_\_ Form 5 Applications: Qty \_\_\_\_ \$ \_\_\_\_ Form 6 Applications: Qty \_\_\_\_ \$ \_\_\_\_

Certificate of Progress Applications: Qty \_\_\_\_ \$ \_\_\_\_ Other: \_\_\_\_\_ Qty \_\_\_\_ \$ \_\_\_\_ (Submit List)

**Total Additional Fees \$** \_\_\_\_\_

**Please list method of payment for applications. Make checks payable to the Division of Christian Education.**

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Cashier's Check No. \_\_\_\_\_

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(Pg. 2-Form 7) *In the spaces below, list the courses, instructors, and enrollment data from the CLS. For schools with more than twenty-seven courses, please make a copy of this sheet, renumber it, and attach it to this form.*

No.	Course No.	Course Title	Instructor's Name	Instructor's ID Number	Number of Students	Number completing class
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2						
3						
4						
5						
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