

FORM 7-Final Report of CLS

Division of Christian Education Accreditation and Credentials
Sunday School Publishing Board of the National Baptist Convention, USA, Inc.
Division of Christian Education, P. O. Box 70990 Nashville, TN 37290-0990

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 Records 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 the 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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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, re-number it, and attach it to this form.