Official Staff Use Only:	Date received:		APPROVED BY	Date/	
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FORM 18-Field Study Report for Specialization

As authorized by the Division of Christian Education Accreditation and Credentials of the Sunday School Publishing Board, National Baptist Convention, USA, Inc. **Submit the form to:** Christian Education Division, P. O. Box 70990 Nashville, TN 37207-0990.

Student's Name:		Student #		
Address:	City	State	Zip Code	
Area of Specialization:				
Project Description:				
Name of Institute or Church (study site):				
Address:	City	State	Zip Code	
Ministry Supervisor:				
Purpose of Field Study:				
Dates of Field Study: (1)/	(2)// (5)//	(3)/ (6)/		
Do a narrative summary of lessons learned.				
SignedStudent			<i>!</i>	
SignedSupervisor		Date:/	<i>I</i>	